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ABSTRACT

Designed to inspire parents throughout the United States to develop parent support programs, this book describes one such program which successfully operates in a community of 150,000 people. The Postpartum Education for Parents (PEP) program is designed to offer free assistance to families following the arrival of a baby. Specifically, the purpose of the program is to ease the adjustment of the developing family immediately after the arrival of a baby by offering emotional support and sharing ideas for new parents. Chapter 1 tells how PEP began. Chapter 2 describes the organizational structure, financing, and evaluation of the program. Chapter 3 describes PEP services, including the "warm" line, parent discussion groups, special circumstance support, childbirth class presentations, postpartum telephone calls, the PEP speakers' bureau, and other services. Chapter 4 discusses volunteer requirements, recruitment, screening, training, and supervision; describes training materials; and lists the responsibilities of the volunteer coordinator. Chapter 5 focuses on publicity and community relations. Related materials are appended: they include a summary of a grant application, PEP bylaws, articles of incorporation, and various guidelines for volunteers. (RH)

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A Guide for Establishing a

PARENT SUPPORT PROGRAM

in your Community

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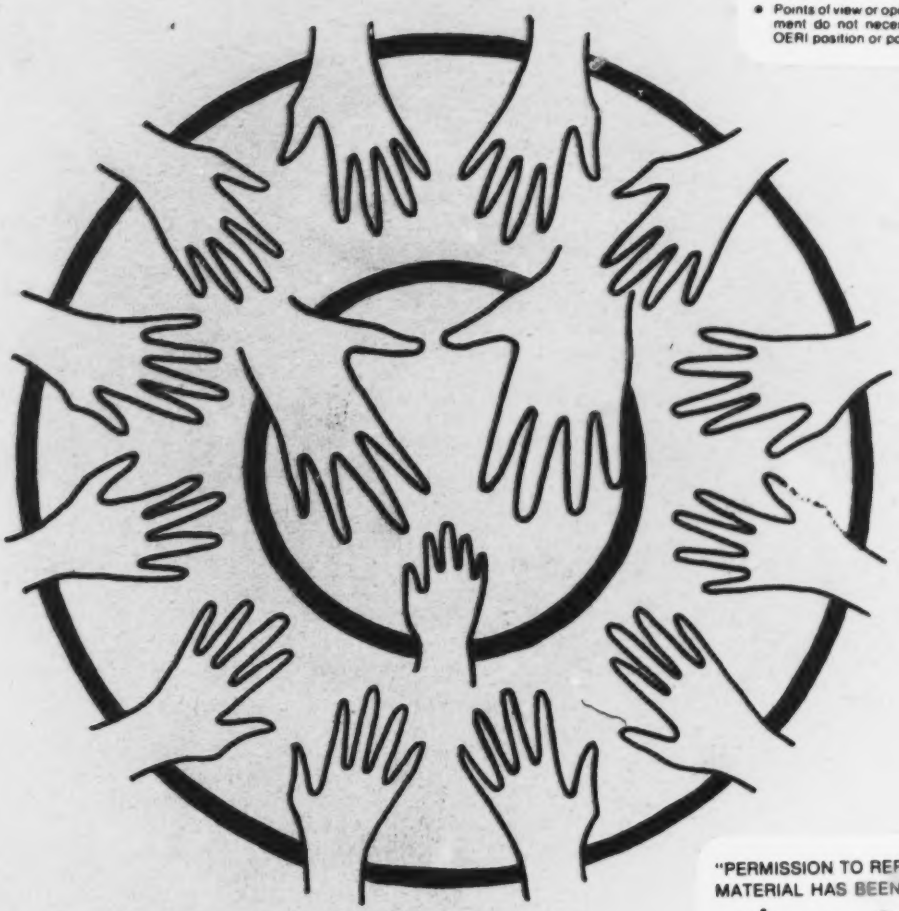

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POSTPARTUM EDUCATION for PARENTS, Inc. of Santa Barbara

POSTPARTUM EDUCATION FOR PARENTS

A GUIDE FOR ESTABLISHING A PARENT SUPPORT PROGRAM IN YOUR COMMUNITY

by

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Judy Edmondson
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Edited by Julie Armstrong

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Judy Edmondson
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ACKNOWLEDGEMENTS

The idea of writing this Guide has been developing within the minds of PEP's founders for several years. Throughout the planning and initiation of the program in Santa Barbara, we have thought, "If it works for us, maybe we can help it work for others." We have wanted to share our experiences in creating PEP in an attempt to minimize the energy and efforts others may spend in attempting the same elsewhere.

But the writing of this Guide would not have been possible without the help and guidance of all of those friends and professionals who have encouraged and supported our ideas and efforts.

We wish to express our appreciation to several individuals for their suggestions and comments in helping us to produce the Guide in its final form: thank you, Pat Finn, Maryann Gómez, Leslie Medine, Joan Meisel, and Melissa Mytinger.

Thank you, also, to Gail Fenelon for her design of the cover.

In addition, a very special thank you to Laurie Ryavec for her many hours spent helping us to clarify the expression of our ideas.

We owe our deepest gratitude to our husbands and children, to whom "PEP" has become a way of life!

DEDICATION

We would like to dedicate this book to all the PEP volunteers in Santa Barbara whose commitment, enthusiasm, and caring concern have provided support for so many new parents in our community.

May, 1979

Julie Armstrong
Judy Edmondson
Jane Honikman
Judy Mrstik

PREFACE

Contrary to what some experts are saying today, the American family is still a thriving institution. If Santa Barbara, California is an example of how parents can help themselves and provide support for other new families, then there is definitely hope for society's small, isolated, and somewhat confused families.

For the past several decades, psychologists have studied child development and behavior, pediatricians have written materials on childcare, and obstetricians have worked on safer and easier childbirth. Parents have been inundated by advice about what they should be doing. Instead of being helpful, the experts have often confused the situation. As a result, parents have felt frustrated and less inclined to do what seems most natural and comfortable for them.

A group of parents in Santa Barbara feel that it is beneficial to focus attention on themselves as parents, in an attempt to regain the sense of confidence which prevailed for generations of families prior to the onslaught of advice from the experts. This does not mean that professional opinion is not important or should be ignored. On the contrary, parents can strive for a balance between when to seek professional help, when to turn to a book for advice, and when to rely on their own judgment. The confidence to make these decisions can be encouraged by receiving emotional support from other parents who have discovered that there is no <u>one</u> right way to parent. With guidance from one's peers, a new parent can decide what is best for his or her own family. If parents can turn to one another for mutual support, then the family will benefit.

The purpose of this book is to describe a successful parent support program which exists in a community of 150,000 people. It is the intent of the authors to inspire other parents throughout the United

States to undertake similar action for their own families' sakes. What has worked in California can work elsewhere. The key for success is simple: caring parents can offer support and encouragement to other parents.

The purpose of PEP is to ease the adjustment of the developing family immediately after the arrival of a baby by offering emotional support and sharing of ideas for new parents. Trained parent volunteers staff a 24-hour warm line where new parents may call for guidance and for help with non-medical questions. Parent discussion groups held in volunteers' homes offer a place for informal discussion of common concerns, joys, and frustrations. These services are free.

The objectives of the PEP program are:

1. to increase the confidence of parents,
2. to assist the related health care community,
3. to establish a forum for parents to meet other parents,
4. to develop communications in the family unit and between people with similar concerns, and
5. to refer parents with special and/or medical concerns to professionals.

PEP believes that there is no one right way to parent. Rather, it provides a forum in a non-judgmental environment which promotes the growth of confidence in parents to pursue their own parenting techniques. PEP is a nonprofit, tax-exempt corporation.

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CHAPTER ONE: HOW DID PEP BEGIN?

It was 8 o'clock in the evening of July 1, 1977, when the telephone rang, and the PEP volunteer answered.

"I have a woman on the line whose baby won't stop crying. Shall I put her through?" asked the answering service operator.

"Yes, please, go ahead," replied the volunteer, as she prepared herself for her first PEP warm line call. Hopefully, the skills she had acquired in training sessions would help her to give this mother the support she needed. A moment later, she heard a click on the receiver, and she said, "Hi, I'm Jane, the PEP volunteer on duty. May I help you?"

"Yes. I called because, well, my baby seems to cry a lot, and I was wondering what I should do."

"A crying baby is pretty upsetting. How old is your baby?"

"She is two months old, and I also have a three-year-old boy. Actually, it's not the baby who's such a problem. It's her brother. Is it common for three-year-olds to constantly want so much attention?"

"Oh yes, indeed, especially after the arrival of his new sister. Remember that he had your total attention a short time ago, and now there's a change. What you're seeing is a very normal reaction, and it's probably good that he's not keeping his feelings bottled up. It's just that now he feels he has to compete for your time. Can you tell me a little about how you manage during the day? For instance, how do you include your son in the baby's routine?"

"I'm nursing, so I try to read to my son at the same time, and he seems to enjoy that, for a little while. Actually he likes the baby okay. I just keep wondering how I'm going to cope. You see, everything was going fine before I got pregnant again."

"You must be feeling overwhelmed. It is a strain to care for two

small children. I do know, because my children have the same age separation as yours."

"Oh, really. How old are they now?"

"My daughter is two and a half, and my son is five and a half."

"Then you've made it!" she exclaimed with relief.

The volunteer laughed. Yes, she had survived those first difficult years of having a crying infant, spending many sleepless nights, and coping with the extra demands on a mother's time. The conversation continued for approximately twenty minutes. At the conclusion, the caller confided that she felt much better now and thanked the volunteer for her reassurance.

This conversation actually took place. It is one example of more than 230 calls which were received during the PEP warm line's first year of operation. PEP stands for Postpartum Education for Parents; it is a program designed to offer free assistance to families immediately after the arrival of a baby.

PEP was developed as a result of the personal experiences of its founding parents. While many have contributed, four mothers have continued to share the responsibility for PEP from its conception to its birth. These parents are Jane, Judy M., Judy E., and Julie. All four women gave birth to their first sons in a manner similar to the experiences of many couples in the early 1970's. The pregnancies were planned, fitting well into the chronological scheme each couple had worked out for themselves. Nine months of waiting and dreaming of an infant to hold and to love culminated successfully in prepared deliveries, with husbands and wives working together to achieve the miracle of birth. Prior to delivery, each couple had read about diapering, bathing, breastfeeding, and schedules. Each nursery was beautifully equipped. The couples felt themselves well prepared: each would have a perfect baby and be perfect parents.

The reality of caring for a totally dependent infant twenty-four hours a day, however, shattered these expectations. These new parents learned about their infants and how to care for them through trial and

error. (Somehow their babies did not fit the descriptions of the babies in the books.) They had many questions about their feelings and concerns and believed there had to be someone somewhere who knew how to make parenting this precious new being as purely satisfying as they had expected it to be. They felt confused, inadequate, and overwhelmed. In order to maintain the expected aura of joy that new parents "should" feel, however, they bottled up their continuing sense of panic and kept on smiling.

Jane shares her early parenting experiences:

"At Stephen's two-week check-up, he had not gained any weight, and an inguinal hernia was discovered. His ignorant parents had noticed the bulge in his groin, but thought it was (don't laugh) his full bladder. Surgery was mentioned, supplemental bottles were added to the nursing routine, and we walked out of the doctor's office in a daze. I began to notice a pain in my stomach I had never felt before. Who had ever heard of a baby causing an ulcer? From then on, the tension mounted. My husband knew less than I did and expected to learn from my example. It was the blind leading the blind. Stephen's schedule whirled like a ferris wheel in high gear. I felt like a damp washcloth being wrung out for the hundredth time as I nursed every two hours. But who would hear my complaints, and how could I describe my inadequacies? I kept on smiling in public and crying at home. I attended one meeting of an organization for nursing mothers, but when I 'confessed' that I was using supplemental bottles, I felt glares of disapproval. To us, our situation was unique. Nowhere else on earth had anyone experienced what we were going through. We were so happy to have our baby and yet so troubled. Then one day, my mask slipped during a conversation with a friend whose son was three months older than Stephen. I discovered that life had not been blissful for them either since Andy's arrival. It felt so reassuring to know that we were not alone."

At this time (1972), Jane and Judy M. were members of the Goleta Valley Branch of the American Association of University Women. It was

during "Mom's Morning Out" at the park that they met. Judy's first experience as a parent was somewhat different from Jane's, but she recalls the same feelings of helplessness and frustration:

"Andrew was born while my husband and I were living temporarily in Boston. He had colic and cried most of each evening. Neither my husband nor myself got much sleep. I was always so tired. I worried constantly about whether he needed to be changed, or if he was being stuck by a diaper pin. I had heard that new mothers would soon learn the meaning of their baby's cries. But I certainly did not recognize what Andrew's cries meant. I wondered if all babies were like this.

"We were 2,000 miles from family and 3,000 from friends. Without the special support of close family and friends (especially friends with babies), the reality of our TOTAL responsibility for this new life weighed heavily upon us. We couldn't change our minds. We were really on our own.

"Our new friends were helpful and happy for us that we had finally become parents. (We had tried unsuccessfully for a long time.) While they were calling to congratulate us on the joys of parenthood, we were sitting alone with our arms around each other listening to our baby cry. In the daytime it was even harder to be alone with a baby who cried so much; I took lots of showers and cried alot myself. We loved him so much. We thought we were so prepared. What were we doing wrong? Would it ever stop?

"Parenthood had all the joys we had anticipated, but it was hard too. We hadn't expected this at all. When Andrew was three months old, we returned to Santa Barbara, and I met other young mothers like Jane and Judy E. I felt better just knowing that they had also experienced some of the same joys and frustrations."

It was through this informal meeting and sharing with other young mothers that Jane and Judy discovered a source of support and strength. They learned that they were not alone in their confusion. With relief, they discovered that their ambivalent feelings towards their babies and their maternal roles were, to some extent, a common

experience for each of them. Judy mentioned that the Boston hospital where she had delivered offered parent support groups, but she had not been able to attend. Their dream began. How wonderful it would be if other new parents in the Santa Barbara community could be spared some of the trauma they had felt! Their burden was already lightened because they could share with each other. Would it be possible to offer to other parents the individual and group support they were providing for each other?

The idea remained a dream for several years as the two women continued their friendship. When they each gave birth to a second child, new problems arose with the addition of siblings to their respective families. There were now two children to care for instead of one; the parents were even more fatigued and had even less time to themselves. It was hard to find a balance between caring for the new baby and spending time with the older child. The older child also had to be watched carefully so that he did not accidently injure the infant by trying to pick up the baby or by being "too generous" and offering a special blanket or toy. These parents did feel more relaxed in their roles as second-time parents, but adjusting to a family of four was certainly a challenge.

In the fall of 1975, Judy E. joined AAUW and began taking her two sons, who were two years and three months old, to the park for "Mom's Morning Out." Here she met Jane and Judy M. and became interested in their dream of establishing support groups for new parents. She recalls how another caring parent helped her through her first parenting experience:

"We had moved to Santa Barbara not long before the birth of our first child. The need to meet people with children was strong. In my case, a neighbor with children slightly older than mine (who moved in at approximately the same time), became my good friend. She answered many of my questions, eased my panic, and her children provided models of what I could expect.

"When my second child was born and I met Jane and Judy, I could

easily see the need for a service like PEP. Had I not had a friendly neighbor to turn to, and many new mothers don't, the time after the baby was born would have been very rough. PEP as we imagined it could be a means of people getting together and meeting others in similar situations."

At this time, the three women belonged to a Child Study Interest Group as part of their activities in AAUW. Dr. Robert Sherman, a psychologist, spoke about "Raising Your Children Without Raising Your Voices." During the discussion that followed, Dr. Sherman was asked if he felt there was a need for parent support groups. "Yes, indeed!" was his reply. Jane and Judy E. agreed to work together, with Judy M.'s assistance, in an attempt to assess further the need for such a service in their community and to begin to put their ideas on paper. They decided to call their proposed service PEP, Postpartum Education for Parents. A brief survey of the members of the Goleta Valley AAUW Child Study Group assured them that, yes, as new parents these women would have used such a service, and, yes, they would volunteer to help other new parents.

Subsequently, a sub-group of the Child Study Group formed, calling themselves "Mothers of Four-Year-Olds." This group experience consolidated the feeling that discussion groups could provide a format for sharing common concerns and, at the same time, solve some types of parental problems. A non-judgmental environment helped to promote these women's growth as parents and as individuals.

The three women decided that PEP needed some type of telephone service, where new parents might call for emotional support on a one-to-one basis, as well as help with non-medical questions. "Hotlines" and "Helplines" in the area, and throughout the country, seemed to carry a negative connotation; individuals who had severe problems or who were in a crisis situation were encouraged to call. The founders of PEP felt that calling their telephone service a "warm line" would encourage <u>all</u> new parents to call. Volunteers would be trained to offer a sympathetic ear to new parents needing emotional support, to

provide answers to non-medical questions about basic infant care, and to make referrals to professionals when appropriate. If new parents could be assured that they would be calling PEP merely to talk with another parent, perhaps they would call before serious problems developed.

The design for PEP's services was complete. There would be a 24-hour, seven-day-a-week warm line (parenting does not conform to traditional working hours), and new parent discussion groups. What PEP required next was support from community professionals in the health care fields, trained volunteers, and financing. In the winter of 1976, PEP's founders began working actively to make their dream a reality.

A statement of PEP's goals and objectives was presented to the Board of Directors of the Goleta Valley AAUW, who offered their moral, as well as financial, support, offering $10 for printing expenses. The Childbirth Educators Association of Santa Barbara was approached next; they also gave their endorsement to the idea of establishing PEP. At a community workshop on Parenting, Jane met Dr. Helen Schultz, at that time chairperson of the Santa Barbara Pediatric Society. She reviewed the proposal for PEP and presented it to her colleagues, who gave their endorsement. She also referred PEP's founders to Helen McGinnis, a regional director of the March of Dimes, and to Dr. Robert Holter, a child psychiatrist with Santa Barbara County Mental Health Services, as possible sources of funding.

As they continued to meet with local agencies and organizations, such as Planned Parenthood, Santa Barbara Preschool PTA, and CALM (a child abuse prevention and intervention service), the three women began researching and writing a Volunteer's Reference Guide, which would include the following: information on the physiological and psychological changes and adjustments a postpartum woman might experience, a physiological description of the newborn and information about basic infant care, a discussion of the emotional adjustments new parents might expect, and a section on volunteer skills. Throughout all its stages of development, the Volunteer's Reference Guide was reviewed and evaluated by community professionals.

Early in the planning stages of PEP's development, Jane had shared her feelings about the need for an organization to support the new parent with her obstetrician, Dr. Ralph Green. Subsequently, he had instituted a support program within his own practice: one of his nurses visited his postpartum patients in their homes. Dr. Green offered his wholehearted support to the idea of PEP and continually reviewed and evaluated the proposed service and Volunteer's Reference Guide. Similarly, Judy M.'s pediatrician, Dr. Stephen Abbott, endorsed PEP and offered his services in helping its founders to establish the program and to gain acceptance from the medical community. A letter was written to the director of a local community hospital requesting the opportunity to address the Obstetric-Pediatric staffs concerning their possible endorsement of PEP and to discuss their cooperation in referring postpartum patients to the program. Meetings were held, first with the head maternity nurse and subsequently with the staff physicians. PEP received both their formal endorsement and their agreement to cooperate in outreach efforts to new parents.

As progress continued on the writing of the Volunteer's Reference Guide, Judy M. began working on developing material for training the volunteers who would staff PEP's warm line and lead its discussion groups. Judy's experience as a trainer for the California Employment Development Department rendered her the best qualified of the three mothers to undertake the task. (Similarly, Jane's outgoing personality and her ease in speaking to groups channeled her toward assuming responsibility for PEP's public relations.)

In October of 1976, Jane spoke about PEP at a luncheon sponsored by CANHC (California Association for the Neurologically Handicapped Child). A parent who was present suggested that Ruth Wilson, a Marriage and Family Counselor in Santa Barbara, might be interested in hearing about PEP. She was, indeed, very interested and volunteered to help Judy M. design the volunteer training program.

In November, word was received that the March of Dimes would offer no financial support to PEP. Shortly thereafter, however, Dr.

Robert Holter, one of PEP's most ardent supporters, called to announce that Mental Health Services would underwrite $300 worth of printing in order to help PEP become operable. The Core Committee, as Jane, Judy M., and Judy E. now called themselves, were elated! At last someone cared enough to support their idea financially!

Financing and budget considerations became foremost, as it appeared that PEP would become a reality. The three women's association with AAUW enabled them to consider applying for a Research and Projects Grant from the organization's Educational Foundation in Washington, D.C. The writing of the grant application, in turn, forced them to crystalize their ideas in terms of a PEP philosophy, goals and objectives, the specific services to be provided, and a timetable. (A summary of this application may be found in the Appendix). It was at this time that the decision was made to use an answering service to operate the warm line. The grant application was completed and submitted on January 15th.

In January also, Julie, a mother of a two-year-old son, became connected with PEP. Julie had contacted Jane after she had been unsuccessful in initiating parent discussion groups as a consultant for the local county P.T.A. I.D.E.A. program (Infant Development through Educational Activities). She shares her feelings about her experiences as a first-time parent and her motivation for wanting to help PEP become a reality:

"My son Michael was born two months prematurely, weighing three pounds eleven ounces. The birth was easy, but I remember my crippling fear immediately afterward that my baby might die. Although Michael's breathing had stabilized two days later when I left the hospital, I was heartbroken to be going home without my baby. My husband and I visited him every day, feeding him my breastmilk from a small bottle. After he came home, I continued expressing my milk and feeding him every two hours for nearly two more months. I was constantly exhausted and had no energy for coping with anything but babycare.

"Throughout all of this I had a lot of support from my husband,

friends, and family. And yet, I still thought 'If only I could talk with someone who has been through this before!' Like Jane and Judy M., I found the most meaningful support among my friends who also had new babies. Several of us who had attended the same childbirth class decided to continue meeting after our class reunion. We liked and trusted each other; we shared ideas and offered our support to one another. During the three years that we continued to meet, we discussed everything: philosophies of discipline, our relationships with our husbands, and our personal feelings and needs as parents and as women."

Julie's experience as the parent of a premature infant, Judy M.'s experience with colic, and Jane's problems with jaundice and infant surgery, all contributed to the group's feeling that special circumstance support should be included in the services PEP would offer to new parents. Added to the normal burdens of a demanding infant, extreme fatigue, and psychological adjustments within the family, such special situations could make the postpartum experience even more overwhelming and perhaps debilitating. It was hoped that volunteers might be recruited who could offer support to parents experiencing cesarean births, adoption, single parenthood, multiple births, and birth defects, in addition to those circumstances experienced by the founding mothers. Sections on each circumstance were included in the Volunteer's Reference Guide.

Work continued: a brochure and letterhead were designed, a volunteer application form and record-keeping forms were typed, and all were sent to the printer at Mental Health Services. Letters were sent to child psychiatrist Dr. Robert Holter, pediatrician Dr. Stephen Abbott, obstetrician Dr. Ralph Green, Marriage and Family Counselor Ruth Wilson, RN and childbirth educator Jackie Lunianski, and maternity nurse Eleanor O'Brien, asking them to become members of PEP's professional Advisory Board. All accepted, and the first meeting was held in April.

The Advisory Board members were given an update concerning the progress toward the commencement of PEP's services on July 1st, and

they offered their advice regarding plans for volunteer training, the operation of the telephone service, and PEP's outreach to new parents. Several telephone answering services had been contacted, but one agreed to give PEP a special rate of $25 per month because of its nonprofit status and the nature of its services. A member of the Mental Health Services Crisis Team agreed to help formulate the specifics of the volunteer telephone technique.

After careful consideration about the most practical way to inform new parents about PEP, it was decided to send a speaker to each childbirth preparation class to distribute PEP brochures, to talk about PEP's services, and to ask expectant parents to sign a "Childbirth Class Summary and Postpartum Call Sheet" if they wished to have a volunteer contact them after the birth of their baby. Questions would be answered and discussion group information offered. Brochures would also be available in local physicians' offices, particularly those of obstetricians, pediatricians, clinics, and family centers. It was decided that hospital visits to postpartum patients would be impractical because of the limited number of volunteers and the brevity of maternity hospital stays. The local community hospital had already agreed to hand out PEP brochures to their postpartum patients. A second, much larger hospital, where 90% of local deliveries occurred, was now contacted in an attempt to solicit similar cooperation. Because of the larger hospital's bureaucratic system, however, this was not achieved until the fall.

On April 18th, notification was received from the AAUW Educational Foundation that a $500 grant had been awarded to establish PEP in Santa Barbara. Shortly thereafter, a $100 donation was received from a client of Mental Health Services. With the assurance of funds to finance services, volunteers were recruited. Included in the first volunteer screening were nine members of the AAUW Child Study Group, a bilingual childbirth educator, a pediatric psychiatric nurse from Mental Health Services, a woman working on her Ph.D. in counseling, and a mother who had been a foster parent. Nearly all had been in

contact with PEP or had helped work towards its actualization, prior to the screening process. One mother had responded to an article in a local newspaper. Counting the four founding mothers, PEP would begin its services with fifteen volunteers. Training was set for early June. (Refer to Chapter Four.)

An intensive publicity effort took place in June. Introductory letters announcing the initiation of PEP's services and a brochure were sent to all local pediatricians, obstetricians, family practice physicians, and agencies or organizations which serve young families. (See Chapter Five on publicity.) Public service announcements were made on local radio stations. Jane, Judy M., and Julie appeared on a local television interview program, and they were invited to return a week later with their husbands. Articles were sent to local newspapers. Childbirth classes were visited. All was ready. On July 1st, 1977, PEP's warm line became operational.

The first PEP discussion groups began in August, with Julie and Judy E. facilitating a morning group and Jane and Gail (a newly trained volunteer) leading an evening group. An excerpt from Jane's diary describes the overwhelming gratification felt by the founding mothers at finally seeing their dream become a reality.

"We've done it! Twenty months after putting our idea into action, PEP discussion groups are a reality. There were eight of us this evening, Gail and myself as facilitators (the 'experienced' parents) and six others, each eager to share their first-time experiences, expectations, frustrations, dreams and fears of parenthood. Our diversity of background, age, and other interests faded into the distance as we began to share the moment we each became parents. Immediately we felt a bond of kinship.

"The age range of the babies of the parents varied greatly, from eleven months to two weeks. There was one couple present (and the father was an eager, free talker who expressed his apprehensions openly), two single mothers, and two mothers whose husbands' long work hours prevented them from attending.

"The discussion went on from the birth experience to colicky babies, use of pacifiers, depression (fathers have it too!), how to handle an opinionated relative, and getting away from crying babies.

"By the end of two hours we concluded that to meet again in three weeks would be perfect, to include other new parents a must.

"Gail and I had had so many reservations about the first meeting: would anyone come? would they talk and feel comfortable? Obviously, the answer to these questions was yes. And we felt comfortable too. It was easy to sit back and listen on one hand and to speak up to express an idea or suggestion on the other.

"So PEP is for real! We're off and running for the sake of new parents and families in our community. A dream come true for those of us who wished for our own form of PEP five years ago!" (August, 1977)

The administration of the PEP program continued to be an ongoing operation. After the initiation of services, there was still much to be done. One issue to be considered was the question of PEP's liability in an instance where a volunteer might give "advice" that led to problems. Several steps were taken to counter this possibility. PEP changed its initial purpose of "offering emotional support and non-medical advice" to "offering emotional support and the sharing of ideas." The importance of volunteers referring medical questions to professionals was repeatedly stressed. And PEP began the process of applying for incorporation in the State of California, in order to protect the organization from liability law suits. Incorporation required that Bylaws be written. (See Chapter Two and the Appendix.)

As the months passed and PEP's bank account began to dwindle, the Board of Directors (provided for in the Bylaws) began to look to the future and new sources of funding. The process of achieving state and federal tax exempt status was begun in order to encourage the possibility of donations. Stan Schwartz, an attorney specializing in corporate law, was recommended by Jane's husband, and he volunteered his services in advising PEP concerning legal matters. Bob Lawson, a CPA, agreed to help PEP in applying for tax exemption. These processes

were long and involved, taking over six months to complete. In January of 1978, PEP became a nonprofit, tax-exempt corporation in the State of California and subsequently received notification from the IRS of its federally tax exempt status.

Twice more during the first year, the Board of Directors conducted volunteer recruitment and training; in October eleven volunteers, including two fathers, were added to the roster, and in March ten more joined the organization. In-service training continued as well. A representative of Santa Barbara's Community Information and Referral Service (CRIS) made a presentation about how and when to make referrals to community agencies, and PEP was added to the CRIS directory. The director of the local child abuse prevention and intervention hotline showed a film and led a discussion. A couple who are both Marriage and Family Counselors led a discussion concerning the adjustments couples must make during the postpartum period. Ruth Wilson, an Advisory Board member, conducted a session on counseling techniques. And a local childbirth educator presented a set of slides and led a discussion about cesarean births. Informal meetings were also held where volunteers could discuss their experiences on the warm line or in discussion groups.

After PEP became operational, Advisory Board meetings were held quarterly throughout the year. Evaluation reports were also written following the first and second quarters. A final external evaluation, coordinated by Dr. Green and a member of AAUW, was conducted at the year's end. (See Chapter Two and the Appendix.)

Publicity efforts continued, consisting chiefly of radio and newspaper coverage. A second bulk mailing was done in January to all churches and nursery schools in the area, as well as to physicians and agencies in an adjacent county. Members of PEP's Speakers' Bureau, consisting mainly of the Board of Directors, continued addressing various organizations, agencies, and individuals concerning PEP and its services.

Near the end of PEP's first year of operation, with its basic

services running smoothly and successfully, the Board of Directors began to channel some of its energy in other directions. Experience on the warm line and in discussion groups indicated that PEP might expand its services in order to meet other needs of new parents in Santa Barbara: PEP directors and volunteers began offering home support to those parents who expressed this need; they began developing a program of Lectures for Parents; and they began investigating the need for an infant care class for new and expectant parents. (See Chapter Three.) It was also at this time that PEP began to receive inquiries from other individuals interested in starting similar programs in their own communities, so the founding mothers began working on organizing and writing this book, in hopes that others might benefit from their experience in developing, initiating, and conducting a parent support program.

CHAPTER TWO: ORGANIZATIONAL STRUCTURE, FINANCING, AND EVALUATION

This chapter describes the early development and current form of PEP's organizational structure. It also chronicles the founders' initial and continual efforts to finance the PEP program. As in Chapter One, it is hoped that the experiences of program directors in Santa Barbara may benefit others as they work to organize and finance PEP in their own communities. The section on Evaluation describes continual efforts to evaluate and increase the effectiveness of the PEP program, including the services it offers to new parents and the quality of its volunteers.

Organizational Structure

The first organizing meetings of the PEP founders were usually held in parks where the founding parents could talk while their children played. It was often noisy, occasionally chaotic, but always productive. The children's presence served constantly to remind the mothers of their goal. Each time a baby cried or siblings squabbled, the need to establish PEP was reinforced.

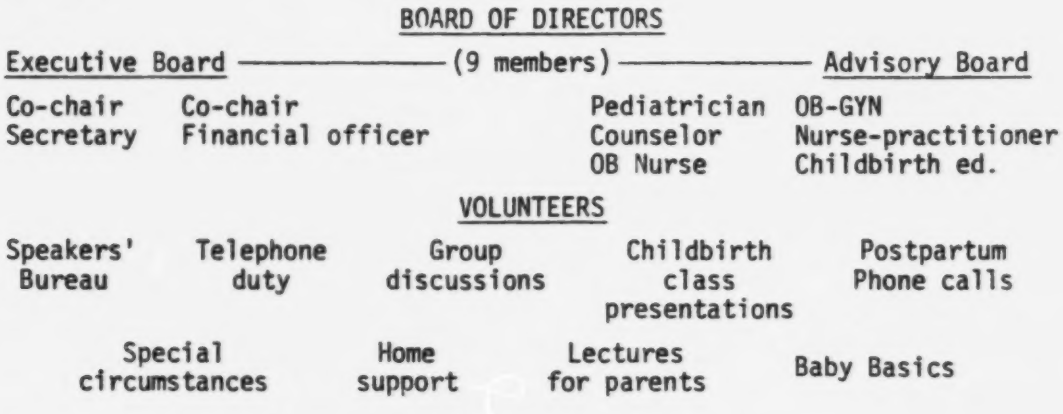
The Core Committee consisted of three, then four, persons who had the free time to spend researching, writing, and creating the foundation of PEP's concept and services. The balance of personalities, an optimist, a pessimist, and a realist, enhanced by dedication and flexibility, provided for effective problem-solving. In the beginning, a hierarchy of job descriptions and official positions was not necessary. Eventually, however, it became obvious that some type of formal structure would be required to ensure an equitable distribution of authority and work and to encourage communication and cooperation. Each committee member worked in her particular area of interest and where her strengths could best be utilized.

Two equally important aspects of the organization seemed to emerge: (1) volunteers, and (2) services. This natural division created the need for leadership on the same level, and co-chairs were established: one chair was responsible for the training and supervision of volunteers, and the other was responsible for the initiation and coordination of services. Another member had assumed responsibility for record-keeping and publicity and, therefore, became "secretary." The fourth member was designated "financial officer" and assigned to handle PEP's current funds and to coordinate future fund-raising efforts.

In the fall of 1977, the founders began the process of becoming a nonprofit, tax-exempt organization. This was necessary for two reasons: in order to protect individuals within the organization from the possibility of liability suits, and to facilitate the soliciting of funds from other organizations and individuals and in the application for grants. Advice in this matter was obtained free of charge from a local attorney and an accountant. State of California law requires that an organization which wishes to claim an exemption from tax must file an exemption application with the Franchise Tax Board. Prior to this step, Articles of Incorporation, including PEP's Bylaws, were written. These were submitted to the Office of the Secretary of State with the exemption application. Once incorporation was granted, then the State Office forwarded the exemption application to the Franchise Tax Board. Previous exemption from federal income tax does not make an organization exempt from California franchise or tax. Once PEP was declared a non-profit corporation in the State of California, an application for recognition of exemption from Federal Income Tax was submitted to the Internal Revenue Service. Individual state regulations may differ and should be investigated. The application for federal exemption, revised in May 1977, is contained in package #1023, available from the United States Department of the Treasury, Internal Revenue Service. This entire process was completed in February, 1978.

The development of a formal organizational structure within PEP

was prompted both by the natural growth of the organization and the need to delineate authority and responsibility, and by the requirement to submit By-laws in applying for incorporation and tax-exempt status. (A copy of PEP's Bylaws and Articles of Incorporation may be found in the Appendix.) The organizational structure of PEP consists of a Board of Directors which makes policy decisions, an Advisory Board consisting of community professionals who represent their specific areas of expertise and act as liaison between PEP and other community professionals, and parent volunteers who provide PEP's services. The Executive Board (officers), especially the Co-chairs, have ultimate responsibility for the successful operation of the PEP program. They also often work separately from the rest of the Board in discussing and deciding personnel matters. The Co-chair in charge of volunteers, in Santa Barbara the Volunteer Coordinator, is responsible for the screening, training, and supervision of volunteers. The Co-chair in charge of services coordinates all services offered to new parents. The Financial Officer is responsible for bookkeeping and coordinating fund-raising efforts. The Secretary keeps records, does correspondence, and maintains supplies of materials. The other Board members assist the officers in their duties. In general, as jobs need to be done, a board member who is interested volunteers to take the responsibility, under the direction of an Executive Board member. The PEP Bylaws provide for the selection of Board members and the election of its officers.



The following positions of responsibility have developed within the PEP structure:

Telephone Scheduling Coordinator	Lecture Coordinator
Childbirth Class Presentation Coordinator	Director of Baby Basics
Discussion Group Scheduling Coordinator	Publicity Coordinator

Many of these responsibilities are fulfilled by Board members, but this is not considered absolutely necessary. Volunteers who do help with administrative tasks should keep in close contact with the Board. (The functions of these positions are described elsewhere in the text.)

Communications among volunteers is maintained through in-service training meetings and a monthly newsletter written by a Board member. Board of Directors' meetings are held at least monthly and are open to all volunteers. An interested volunteer may be elected as a Board member. (Refer to the Articles of Incorporation and Bylaws in the Appendix for a description of how Board members and officers are elected.) Advisory Board meetings are held quarterly and Advisory members also receive copies of the monthly newsletter.

As PEP continued to grow, both in the number of volunteers and in the number of services being offered, its directors found the need to develop formal policies under which all volunteers would operate. During the planning stages and early months of PEP's operation, its founders agreed upon certain policies, such as the need for confidentiality and the need to refrain from naming doctors or hospitals during group discussions. Other policies were determined as needs became apparent. For example, a volunteer who joined PEP after it had been in operation for six months felt a strong need to visit mothers in the hospital if they had experienced cesarean births, as she had felt alone and confused after her cesarean and wanted to help others through this difficult period. Similarly, another volunteer felt that she could offer more meaningful support to the new parents on her Postpartum Call List by visiting them in the hospital. While the members of PEP's Board of Directors agreed that such support would be helpful, they were also aware of other considerations: physicians or hospitals might object to volunteers visiting their patients without prior permission,

and parents themselves might not appreciate an uninvited visitor. Hence, the policy stating that "hospital visits are made only to those parents who request it" was developed. In order to maintain the quality and confidentiality of PEP's services to new parents and to ensure the continued support of community professionals, other similar policies were developed. (See the Appendix for a copy of PEP's Policy Statements.)

Finances and Financial Support

PEP began its services on July 1, 1977 after receiving $285 worth of printing from the Santa Barbara County Department of Mental Health, a $500 grant from the Educational Foundation of the American Association of University Women (AAUW), and a $100 donation. The initial printing provided for fifty Volunteer's Reference Guides, two thousand brochures, one thousand business cards, five hundred sheets of letterhead stationery, and $40 worth of Xeroxing volunteer forms and miscellaneous items. PEP obtained this financial support in the fall of 1976 as a result of meetings with a child psychiatrist who was a member of the staff of the Department of Mental Health. The additional private donation was also arranged through this physician. The AAUW grant application was written and submitted in the winter of 1977. With a basic budget of $600, after the initial printing sponsored by County Mental Health, PEP in Santa Barbara was able to serve a large number of new parents. During its first year of service, PEP received an average of nineteen calls per month on the warm line, made approximately forty postpartum calls per month, and operated eight discussion groups with an average of seven members in each group. With a minimal amount of funds, through the efforts of volunteers, PEP became well known in the Santa Barbara community and surrounding areas.

The following is a list of the expenditures during PEP's first year of operation, July 1, 1977 to June 30, 1978:

Answering Service	$335
Printing	190
Postage and Mailing	20
Training	20
Franchise Tax Board	15
Attorney	10
Calif. Sec. of State	10
	$600

To obtain funds for the second year of operation (the AAUW grant was nonrenewable) PEP pursued many possibilities.

Donations from Community Organizations - First, donations were solicited from community service organizations, such as the Women's Service Club, Assistance League, Soroptimist Club, Elks, etc. A letter was sent to each organization describing PEP and asking directly for financial assistance. Follow-up telephone calls were also made. This approach was found to be somewhat ineffective. Contacting an organization and asking for the opportunity to make a presentation about PEP was found to be more helpful. This technique combined publicity efforts with fund-seeking and, since it served to make more people aware of PEP's services, was not considered to be a waste of time.

Local Banks - Unfortunately, PEP has put forth several fund-seeking efforts that were indeed found to be unproductive, perhaps to be avoided if resources and volunteers are limited. Several local banks were approached, with the hope of receiving small grants from each. This involved preparing a budget (a necessity for any type of formal fund solicitation) and writing a detailed letter of request which included a description of the program, a justification of the need for the program, and reasons why the particular institution being asked should spend the money. (Refer to the Appendix for a sample letter.) Since many other worthy causes were also competing for these funds, PEP found that preparing such requests was very time-consuming and not profitable. This, in fact, was the conclusion reached, at the time, when considering applications for all formal grants.

Applying for Grants - Applying for grants is extremely tedious and is likely to result in no funds gained. However, this is a decision

which each organization must make for itself and applies much more to a continuing organization than to one seeking seed money. Many, many grants are available nationwide for which an organization like PEP may apply. Books such as Foundation Directory and Guide to California Foundations list current procedures for application and interview. Grants may be obtained for as little as $50 or as much as thousands of dollars. Applying for grants will require state and federal nonprofit, tax-exempt status, as described earlier.

As an initial effort, applying for grants may be desirable as it may be accomplished by a very small number of people. Grant-giving foundations, individuals, and organizations are also often more interested in funding a new program or pursuing a new idea, rather than maintaining an already existing program. Seeking assistance from community and government agencies who are engaged in similar areas of human services is also a good place to start in looking for funds. PEP did apply for funds from Revenue Sharing in Santa Barbara County but was denied.

Donations from Individuals - Another area pursued by PEP has been the soliciting of donations from individuals. In asking for donations, PEP has listed various budget categories so that an individual may be aware of or specify exactly what his contribution will be used for. For example, PEP has attempted a "sponsor a month" campaign: a donation of $28 finances one month of telephone services. Asking physicians for donations was found to be somewhat awkward and was discontinued. It did, however, result in two donations received. Newspaper articles requesting donations did not produce any revenue.

Fund Raisers - As a continuing organization, PEP has found fund raisers to be the most effective means of acquiring revenue. The amount of effort put forth guarantees at least some return, and members of the organization can be directly involved. A fund raiser that is consistent with the purposes and goals of the organization and which gains a reputation as an on-going event enhances publicity and is more profitable. PEP has found that a rummage sale devoted solely to items

relating to infants' and children's needs is ideally suited to PEP's image and is effective in meeting not only community needs but those of the parents directly served by PEP as well. Other fund-raising ideas might include the following:

Auction	Fashion Show
Bake Sale	Raffle
Book Sale	Recycling - newspapers, cans
Carnival	Revue, Theatre Party
Craft Fair	Stationery Sale
Dance, Dinner	Wine-tasting

Evaluation

From the onset, evaluation has played an important role in the success of the PEP program. Initial plans and proposals were reviewed and evaluated by community professionals in the health care field, both as a means of determining the need for such a program and in order to secure early endorsement of PEP in Santa Barbara. The founders of PEP were convinced that the involvement and respect of professionals was vital to the community's acceptance and the success of their project.

The structure of the PEP program, the services offered, and the methods of training volunteers were all designed with the assistance of professionals. Throughout its development, the Volunteer's Reference Guide was reviewed and evaluated by professionals. The Advisory Board was formed as a means of providing PEP with an ongoing line of communication with professionals who could offer evaluation and guidance.

The members of PEP's Board of Directors are constantly involved in an informal evaluation process. Decisions regarding programs and policies are made only after careful consideration of community and organizational needs, past experience, and present resources. In fact, experience, and the flexibility to alter decisions and programs based on the evaluation of those experiences, has been a key contribution to PEP's success.

In compliance with the grant PEP received from AAUW in the spring of 1977, a formal evaluation of the program was conducted at the end of the first year of operation. This evaluation, based on the original

objectives as stated in the AAUW grant application (a summary may be found in the Appendix), was conducted by a member of the Goleta Valley Branch of AAUW and a member of the PEP Advisory Board. Questionnaires were distributed to (1) volunteers, (2) warm line callers, (3) group discussion participants, and (4) postpartum call recipients in order to determine the success or inadequacies of the program in its attempt to help meet the needs of new parents. Questionnaires were also sent to all pediatricians and obstetricians in the area to ascertain whether or not PEP had met its objective of assisting the medical community by decreasing the need for parents to call with non-medical questions.

This formal evaluation provided the PEP leadership with specific information concerning the success and inadequacies of the program. (A summary and analysis of the evaluation may be found in the Appendix.) The findings and recommendations contained in this evaluation provided the PEP Board of Directors with a basis on which to found their goals and objectives for the second year of operation. These objectives included the following:

1. To put forth a concerted effort to establish a positive working relationship with community professionals, particularly pediatricians and obstetricians;
2. To establish a PEP discussion group for fathers, as well as continuing to meet the demand for couples' groups;
3. To initiate a Lecture Series, offering topics of interest to parents;
4. To investigate the need and resources available for establishing an Infant Care Class in the Santa Barbara area;
5. To continue evaluation and improvement of volunteer training programs, with emphasis on skill enhancement;
6. To consider the requirement that all phone volunteers do postpartum calls as a means of practicing their warm line skills; and
7. To initiate a monthly Volunteer Newsletter, written with the purpose of encouraging communication within the organization and fostering a feeling of involvement or "belonging" among all volunteers.

The supervision and evaluation of volunteers, in an attempt to

make sure that all volunteers provide services consistent with PEP's purposes and attitudes, is discussed in Chapter Four.

CHAPTER THREE: SERVICES

This chapter describes the basic services PEP offers to new parents. Each section includes a discussion of how program directors in Santa Barbara have established, conducted, and coordinated services, as well as suggestions for alternate methods of operation in other communities. The following services are discussed:

- Warm Line
- Discussion Groups
- Special Circumstances Support
- Childbirth Class Presentations
- Postpartum Telephone Calls
- Speakers' Bureau
- Other Services - Home Support Lectures for Parents, Baby Basics

PEP's Warm Line

Central to the effectiveness of PEP's services to new parents is the warm line, a telephone number where parents may call seeking support, guidance, or the answers to non-medical questions. Agencies, organizations, and professionals may also call for information regarding PEP and its services.

This telephone service is termed a "warm line" rather than "hot line" in order to create a supportive, non-threatening image which will encourage parents to call with any concern they may have, no matter how trivial or overwhelming it may seem.

Establishing the Telephone Service - There are several alternatives to consider when deciding what type of telephone service to establish:

1. A home telephone number - This, of course, is the least costly method of providing a phone service, but it also requires that someone be at the home to receive calls during all operating hours. One person alone may not be willing to make this kind of commitment, due to the time commitment and

loss of privacy it necessarily entails.

2. An answering service - Most communities have several services from which to chose, varying in cost and type of service. If this method is chosen, investigation into all possibilities will determine which best fits the needs of the community and the resources of the organization.

   The answering service PEP uses in Santa Barbara operates in the following manner: a parent calling the service asks for PEP, the operator takes the parent's name and telephone number and says that a volunteer will be calling shortly. The operator then calls the volunteer on duty and gives her/him the information. The volunteer returns the call to the parent. If the operator senses that the parent calling is under stress or that the situation is an emergency, she will perform what is called a "cross-connect." The parent will be put on hold while the operator immediately contacts the volunteer, giving as much information as has been gathered about the situation. Operators have an up-to-date duty schedule and volunteer roster. If, for some reason, the volunteer on duty cannot be reached, the operator will first call other volunteers on duty that day, then contact the telephone scheduling coordinator, and lastly call other volunteers until someone is reached. The telephone answering service charges PEP the special rate of $28 per month ($25 for the service + $3 for telephone book listing), but this is likely to vary from community to community. The advantage of this method lies in the fact that volunteers may operate out of their own homes and maintain privacy and/or anonymity if they so desire.

3. A telephone installed in the organization's headquarters - This method is much more costly since it involves the rental of a private office. As in the use of a home phone, it also requires that a volunteer be present at all times to accept

calls. Many hot lines operate successfully in this fashion.

4. A telephone line used in conjunction with an already established hot line or family service clinic - This may be a good method of providing the service if funding is very limited and volunteers wish to operate out of their homes. Sources of cooperation might include Mental Health Services, Public Health Agencies, help lines, and County or City Human Services Agencies.

Another decision to be made when establishing the telephone service is which hours during the day or week are to be covered. A 24-hour, seven-day-a-week service, of course, offers the most opportunity for parents to use the service, but may be impractical depending on the organization's financial and volunteer resources. It should be kept in mind that during one year of 24-hour service in Santa Barbara, only two calls were received between the hours of midnight and 6:00 AM. The number of service hours would necessarily be limited if the PEP telephone service operates in connection with an agency or organization which operates only eight hours a day. Such a limitation would probably greatly reduce PEP's effectiveness, as late afternoon and early evening are often times of increased stress and tension for new parents. If an answering service is used, rates are not usually reduced if the service is not used between midnight and 6:00 AM.

A listing in the Telephone Book will help in providing ready access to PEP's warm line.

Scheduling Telephone Duty - Some sort of telephone duty schedule is necessary for the smooth operation of the service. The structure of the schedule will depend upon the nature of the telephone service used, the hours to be covered, and the volunteer resources available. The schedule used in PEP Santa Barbara is as follows: there are three shifts daily, (1) 8 AM to 2 PM, (2) 2 PM to 8 PM, (3) 8 PM to 8 AM. The length of the evening shift was rationalized by the knowledge that few calls are received during those hours. (See a sample of the Duty Schedule in the Appendix.)

The number of volunteers will, of course, determine the number of shifts each volunteer will be responsible for each month. If fifteen volunteers are taking telephone duty and there are ninety shifts per month, each volunteer will take six shifts. Twenty volunteers would each take between four and five shifts. It is preferable to reserve a certain number of evening shifts for those volunteers who work during the day.

If an answering service is used, the volunteer on duty may be required to call in to the service at the beginning of her shift. If the volunteer will be away from the phone for some reason during the shift, she should call the service leaving a number where she can be reached or ask the operator to hold all calls until the volunteer returns and calls in. If a volunteer will not be available during the majority of the hours in the shift, arrangements should be made for another volunteer to substitute. This may be done personally or through the telephone scheduling coordinator.

The Telephone Scheduling Coordinator - It is desirable that one person be responsible for coordinating the telephone duty schedules. This increases the efficiency of operation and effectiveness of the service. A telephone scheduling coordinator may be responsible for the following:

1. Ensuring that each shift is covered for a particular calendar month. This may be accomplished by asking volunteers to sign up for duty during monthly in-service meetings or individually over the phone.
2. Seeing that each volunteer receives a copy of the duty schedule prior to the first of each month.
3. Sending the answering service or cooperating agency a copy of the duty schedule each month, as well as an up-to-date volunteer roster.
4. Notifying the coordinator of volunteers if anyone in particular is consistently failing to carry out telephone duty responsibilities.

Receiving Warm Line Calls - The proper procedure for giving support to, and answering the questions of, new parents may be found in "PEP Telephone Technique" in the Appendix. It is appropriate to

mention here, however, the importance of keeping accurate records of warm line calls for planning and evaluation purposes. (See the Appendix for an example of a PEP Warm Line Call Sheet.) If possible, a volunteer should ask for a calling parent's telephone number. She should also take notes of the conversation in case a follow-up call, or additional referral is appropriate.

The follow-up call is an important aspect of PEP's warm line. If, at the end of a conversation between a volunteer and parent, a question or problem is left unresolved, the volunteer should call the parent back within a few days (or sooner, if appropriate), to be sure the situation has improved. Sometimes several calls may be necessary. A volunteer who offers continuing support in this way can help a parent feel that she is not alone with her problem and that there is another caring person who is genuinely concerned about her. This knowledge alone can often help a confused or troubled parent, even if the problem itself is not easily solved.

It is important for each volunteer to understand that he or she is not a professional and cannot expect to have the expertise to handle all warm line calls. This understanding, together with knowing where to go for help and how to make appropriate referrals, is a vital part of volunteer training. Circumstances occur when a volunteer may be uncertain about how to handle a call and may want to consult additional resources. In cases such as these, there are several possible sources of help:

1. The Volunteer's Reference Guide
2. The Special Circumstances Reference List
3. Conferring with another volunteer or a member of PEP's Board of Directors
4. Conferring with an Advisory Board member
5. Calling the Nursery or Maternity Department of a local hospital
6. Making inquiries of, or referrals to, the appropriate community professional, agency, or organization.

A situation may arise in which a parent is capable of making only

one call for help. Such a parent may be physically or emotionally unable to follow a volunteer's advice to call a professional for the appropriate help. In such a case, the volunteer herself may do the telephoning or leg work necessary to acquire the information or services which will meet the parent's needs.

Using Community Resources - The Santa Barbara community has been fortunate to have a Community Referral and Information Service (CRIS), an agency which possesses information regarding all human service resources available within the community. An in-service training session, conducted by CRIS staff members, served to acquaint volunteers with these many services and provided information concerning how to make appropriate referrals. If no such central agency exists, other human service agencies in the community may have lists of resources available. Possible agencies to contact may be Mental Health Services, County Welfare Departments, or a County Human Services Commission or Department. Local physicians or hospital social services offices may be another source of information. Social service agencies are also listed in the yellow pages of the Telephone Book.

Establishing communication between PEP and each of these available resources will facilitate an understanding of each others' services, increase the possibility of referrals to and from PEP, and thus increase the effectiveness of PEP's services to new parents. (See the section on PEP's Speaker's Bureau in this chapter.) A list of available resources might include the following:

1. Emergency numbers - child abuse centers, crisis teams, helplines or hotlines, Violence in the Family, Rape Crisis, hospitals, paramedics, police, and the Sheriff's Office
2. Children's services - Children's Protective Services (Welfare Department), family mental health clinics, child care centers, services for developmentally disabled children, well-baby clinics
3. Counseling services - Alcoholics Anonymous or similar programs, Catholic Social Services, helplines, County Mental Health Services, and public or private mental health clinics

4. Financial assistance - Catholic Social Services, food stamps (Welfare Department), Medi-cal, and the Welfare Department
5. Health and medical services - low cost medical clinics, County Health Department, Nurses' Professional Registry, Public Health Nurses, Visiting Nurses Association, the Medical Society, private physicians and hospitals
6. Parents' services - Adoption Agency (Welfare Department), shelter houses, child abuse center, Childbirth Educators Association, family planning clinics, La Leche League, Legal Aid Foundation, and Planned Parenthood.

Resources will vary in each community. Volunteers should understand how to make referrals and should have a list of resources in the Volunteer's Reference Guide, including the phone number, address, business hours, and a description of services offered, under each listing.

Examples of Warm Line Calls

When to call a doctor - Calls to the warm line from one mother demonstrate how parents can utilize PEP as a sounding board for possible medical concerns which may require a doctor's expertise.

> Call number one took place when the baby was four days old; the mother called PEP to ask about the frequency and color of her daughter's bowel movements. She also said that the baby was fussy after nursing. An explanation was given about babys' bowel movements, based upon information obtained from the Volunteer's Guide, and a more general discussion followed about breastfeeding, milk supply, and hunger. This call came at 6:15 PM.
>
> One week later, this same mother called at 9:30 PM to say that the baby had cried all day and was not nursing well, but did not appear to be sick. The volunteer suggested more frequent feedings, the use of a supplemental bottle, and a pacifier or swing. She also suggested that the circumstances sounded like the baby was still hungry after a feeding. A follow-up call the next day revealed that the suggestions had worked and that baby and mother were doing better.
>
> During an afternoon six weeks later, the same mother called with a concern over the baby being constipated. In this instance, she had already been to the doctor but sought a better understanding of the situation by talking it over with another parent. Since the mother feared that her baby was sick, the volunteer encouraged her to contact the doctor again. A follow-

up conversation several days later revealed the mother's previous confusion over the doctor's instructions in the use of suppositories. The mother was communicating better with the doctor now.

At 5 AM two months later, this same mother and father called for immediate help after discovering blood in the baby's crib. A nosebleed was the cause, and they did not know how to stop it. The volunteer explained the procedure for stopping the bleeding and instructed the parents to call the doctor in ten minutes if the bleeding continued. Follow-up the next morning revealed that the suggestions had worked. The volunteer advised them to notify the doctor if the nosebleed started again.

This example of warm line calls made by the same family to a variety of volunteers illustrates how PEP can be used at all hours of the day or night for immediate reassurance and guidance. These parents were lacking experience and self-confidence; they had many questions concerning basic infant care. For other couples, perhaps a book such as Dr. Spock would have proven helpful in solving their problems, or they would have called their doctor directly. For this family, a give and take of experiences over the phone with other parents worked well.

Using community resources - PEP's use of, and referral to, resources in the community is illustrated by a call from a woman with a nine-month-old child.

This mother was in constant pain from a neck injury resulting from a car accident. She spoke of feeling overwhelmed by her role as a mother. Her concerns were many, the primary one being her dependency on pain killers and her strong desire to continue to nurse her daughter. She was caught between pressures from her husband and mother to wean the baby and her own commitment to maintain her closeness with the baby. The volunteer sensed the urgency for this mother to feel reassured concerning this issue. There were many other problems: her husband, a student, was not able to assist her; there was financial strain; she felt guilty about using babysitters and about her inability to do basic housework and child care by herself. Since the pain and the use of medications was the primary issue, the volunteer offered to make some inquiries about what assistance was available in the community.

The first call was to the Santa Barbara Community Resources and Information Service, and a referral was made to

the Memorial Rehabilitation Center. Within the hour, the volunteer called the mother back with information about a Pain Clinic which might help her. A follow-up call a week later found the mother receiving daily treatments and therapy. Several months later, she was feeling herself again, she had been able to maintain the breastfeeding, and she was communicating better with her husband.

Providing emotional support -

A young mother called the warm line after being referred by her childbirth teacher. When she first called, her baby was eight months old. She was unmarried and living at home with her brothers and sisters and her invalid mother. She expressed the need to "talk to somebody." She felt overwhelmed by the feeling that her baby was in control of her life; she desperately wanted to regain control herself, but did not know how to do it. Out of necessity, she and her baby were sharing the same bedroom, and her baby was waking once or twice each night. The volunteer questioned her further about the sleeping problem and made various suggestions, but basically this was a situation in which the mother needed to express her feelings and concerns to a sympathetic listener who would not judge or chastize her. Several follow-up calls revealed that the mother was beginning to gain confidence in herself as a parent and in her ability to make decisions for herself and her baby. Merely verbalizing her concerns and feelings had enabled her to begin to find solutions to some of the problems that had previously seemed so overwhelming.

Parent Discussion Groups

Discussion groups function as an open forum where parents can share their experiences, feelings, and concerns. PEP group facilitators establish and maintain an atmosphere of trust, openness, and mutual support so that this sharing can take place. Each group develops its own personality. The first PEP group leaders received no training in addition to that described for telephone volunteers in Chapter Four, so techniques for training group leaders were developed through trial and error. PEP discussion group procedures have thus evolved as a result of experience. Details concerning the functioning of groups and the role of the group leader may be found in the PEP Group Leader Training Guide.*

*PEP Volunteer Training Guides are available from PEP in Santa Barbara as a separate publication.

Establishing PEP Discussion Groups - As a volunteer acquires the name of a parent interested in joining a discussion group, either through a warm line call or a postpartum call (see the section on postpartum calls in this chapter), the name should be given to the group scheduling coordinator. The volunteer may receive up-to-date information regarding groups and relay that back to the parent, explaining that a group leader will be contacting her with a personal invitation.

The group scheduling coordinator may be responsible for the following:

1. Maintaining up-to-date information on current discussion groups, including times and locations of meetings, average age of babies, and whether or not each group is closed or is still receiving new members.
2. Maintaining a list of all new parents interested in joining a group, including whether they prefer a morning, afternoon, or evening meeting.
3. Informing the coordinator of volunteers when there is a sufficient number of interested parents to form a new group. The coordinator may then plan for the training and assigning of group facilitators to organize a group. (Experience has indicated that a group of between five to twelve members will be formed if between twenty and thirty parents are invited.)
4. Relaying the names of interested parents to facilitators organizing a new group.

Discussion group facilitators can be responsible for the following, with regard to establishing groups:

1. Determining, together with the coordinator of volunteers and the group scheduling coordinator, the time and location of the first meeting.*
2. Obtaining from the group scheduling coordinator the names of all interested parents who have not yet been invited to a group.

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* Offering groups during various hours of the day will provide greater opportunities for all parents to participate. The greatest need seems to be for morning or afternoon groups; mothers alone with their infants have participated in these the most regularly. PEP in Santa Barbara has maintained evening groups for interested couples and working mothers.

3. Extending a personal invitation to these parents to attend the first group meeting.
4. Keeping up-to-date records of the group meetings, including an attendance and evaluation sheet. (See Discussion Group Summary Sheet and Evaluation Sheet in the Appendix.)
5. Keeping the group scheduling coordinator informed as to the current status of the group, i.e. whether it is open or closed, etc.

Size of Groups - A group of between eight and ten parents, together with their babies, seems to work well. This number provides a sufficient variety of experiences and attitudes to stimulate discussion and yet is still small enough to enable the facilitators to develop a relaxed atmosphere in which the members can learn to trust and care for one another. It is common for at least one or two members to be absent from any given meeting due to illness, vacation, or some other reason.

When a new group forms, it is a common occurrence that not all of the parents who seemed interested or agreed to attend actually show up. The leaders should not be discouraged. When extending invitations, it may be wise to give parents the leader's telephone number. This offers them the option of calling to say they cannot attend this time but would like information regarding the next meeting. Facilitators sometimes wonder how often a parent should be notified about subsequent meetings, if they do not attend the first meeting or frequently miss meetings. If the group leader offers her own telephone number when she contacts the parent initially, then the responsibility for acquiring information about meetings becomes that of the parent rather than the volunteer. Leaders may also send a postcard offering information about group discussions. The attitude of PEP's directors has been that parents should be offered the opportunity to use its services but should not be pressured into doing so.

If a currently forming group is not full after its first meeting, the leaders may decide to continue to add new members until the group is both sufficiently large and consistently stable. Compared to a group which is full and stable from the beginning, a group growing in this

slower manner may require a longer period of time before it develops the relaxed and cohesive atmosphere which is condusive to free discussion.

As groups continue over a period of time, members may drop out occasionally as their needs have been met, as their time priorities change, or as the mothers return to work. The decision whether or not to invite new members to join the group can be made by the facilitators or by the group members themselves. Both procedures have been used successfully by PEP groups in Santa Barbara.

Another consideration is whether or not to allow the presence of children other than infants. PEP has found older children frequently interrupt their mothers and hence disturb the discussion. For this reason, parents can be encouraged to make other arrangements for their older children during group meetings. This is true for facilitators as well as group members.

Where to Meet - There are several factors to consider when deciding upon a meeting location:

1. Convenience to the individuals attending
2. Size of the group
3. The presence of infants (facilities for changing diapers, warming formula, etc.)
4. The importance of establishing a relaxed atmosphere
5. Expense

With these considerations in mind, the directors of PEP decided that meetings should be held in facilitators' homes. Other possible locations might include meeting rooms in a library or other public buildings, physicians' offices or family clinics (if such facilities are available). Groups might also meet in the members' homes if the group so desires. As groups begin to meet without facilitators and as babies begin crawling or toddling, parents may choose to meet in local parks or other similar locations.

The First Meeting - There are several points that facilitators should discuss at the first meeting:

1. The philosophy and purpose of PEP discussion groups
2. The fact that leaders are not experts and that most sharing of ideas will come from members themselves
3. The confidentiality of discussion group proceedings
4. The importance of not attending a meeting if either parent or baby is ill
5. To maintain the support of the medical community, the facilitators request that members not mention the names of physicians or hospitals as they discuss their experiences.

Appropriate topics for a first meeting might include introductions; the sharing of birth experiences, concerns, problems or feelings associated with the onset of parenthood. Facilitators should keep in mind that the mood or tone will be set by their own initial introductions and contributions. A facilitator who is open and honest about her own experiences and feelings will encourage group members to be the same.

Frequency and Duration of Group Meetings - How often a group meets will depend upon the needs of the group and the commitment of the individual volunteers. Meeting once every two or three weeks has proven to be successful. The duration of each meeting can be determined by the same factors. Between two and two-and-a-half hours seems to allow sufficient time for meaningful discussion and to allow all members some time to express themselves. These time factors need not be rigidly maintained, but may vary from meeting to meeting.

The number of meetings or continued duration of groups can also be determined by the needs of the members and the available resources. If the number of trained group leaders is limited, volunteers will need to leave already established groups to organize new ones, unless they are willing to be responsible for more than one group.

A successful method of handling this problem of supply and demand has evolved in Santa Barbara. As a group becomes stable and as the members themselves continue to take increased responsibility for organizing and conducting meetings and for offering support to one another, the leaders may begin to "wean" the group away from dependency

on their leadership. A group which meets every two weeks may meet one week with the facilitators present and the next time meet without them, so that the group becomes accustomed to functioning on its own. Eventually, the group may meet on its own without PEP facilitators.

Facilitators Working Together - Some positive benefits accrue from having two facilitators, instead of one, working with a group of parents. One volunteer may receive a cue from a parent, or become aware of a problem or concern, that the other volunteer misses. The presence of two personalities also offers more opportunity for parents to identify with common experiences or to develop relationships with group leaders. Leaders may receive support and learn from one another as they perform their leadership roles. Each pair of facilitators will develop a different leadership style, depending upon the interaction of their personalities with each other and with the personality of their group. Open and honest communication between facilitators is essential to effective and cohesive leadership. Sharing feelings about one's own and one's partner's roles will increase facilitators' confidence and leadership skills.

The question has arisen as to whether or not a substitute group facilitator should fill in for a volunteer who is unable to attend a meeting. This has proven to be rather ineffective. The value of PEP discussion groups is based upon an established atmosphere of trust and caring. A new person entering the group, especially in a leadership role, can serve to inhibit or disrupt this cohesiveness, as she may not be aware of personalities or experiences involved.

Topics for Discussion - In the majority of situations, group facilitators will find that new parents meeting together will easily discover that they have much to discuss. Often, leaders need to contribute little to keep a discussion going. The techniques for guiding and encouraging group discussion are the same as those for telephone support, except that in a group there will be more input, support, and problem-solving coming from other members of the group.

Group leaders may decide to allow discussion topics to flow

naturally from the members, may plan central topics or themes for each meeting, or may use previously mentioned concerns and questions as topics for subsequent meetings. Most often, combinations of all these methods are used. Leaders themselves may choose the methods which work best for them and the needs or personalities of their group. The following is a list of topics or concerns that have most frequently been discussed by parents in PEP groups. They are listed in the approximate order in which they seemed to occur. For example, discussing lack of sleep is appropriate in the first meeting, whereas talking about the need to find a babysitter or to find time to oneself may be more likely to occur later.

Childbirth experience
Reality versus expectation of what it would be like bringing a baby home from the hospital
Lack of sleep, associated problems and feelings
Feeding schedules
Breastfeeding problems, sore nipples, etc.
Crying baby, should I let the baby cry?
Husband's reaction to the baby
Relations within the family unit:
- mother-baby: is relationship what you expected, feelings
- father-baby: how to encourage participation
- husband-wife: re-establishing closeness as a couple, time together, communication, sexual relations

Leaving the baby with others
Mother's diet: losing weight, proper diet, exercise
How to deal with advice, from other people, from books
Relationship and communication with pediatrician
Meeting baby's needs versus spoiling
Infant development and stimulation
Parents have needs, too; finding time to oneself
Mother returning to work, feelings and problems, babysitters
Problems with older siblings
Solid foods
Illness
Sleeping problems
Safety, babyproofing
Traveling with baby
Fostering independence
Discipline
Weaning
Relations with the family, in-laws
Sharing community resources and activities

As the group meetings continue over time, other possibilities for activities might include book reviews, toy and clothing exchange, or outside speakers.

There are also some "ice-breakers" which have been used successfully in some groups. These include the following:

1. Dividing the group in half for discussion
2. Asking each member to respond to "one-liners":

   "I wish someone had told me ..."
   "I worry about ..."
   "I wish my husband would ..."
   "Sometimes I feel ..." etc.
3. Asking members to write down a question or concern they would like to have discussed. A parent may like to hear others discuss a particular problem without having to initiate the conversation herself.

Situations may occur when a leader will sense that a group member is having a particular concern or problem that he/she wishes to discuss, but not in the large group. It may be that a parent has a continuing problem that seems to be taking up too much of the group's time. In these instances, it becomes appropriate for the facilitator to talk alone to that parent, immediately after the group meeting, over the telephone, or during an individual conference.

A Sample Group Discussion

The following is an excerpt from a PEP discussion group. This group had been meeting for approximately seven months when this discussion took place. The ages of the babies ranged from four to ten months. This conversation was initiated by the PEP facilitator after about one half hour of discussion on other topics.

> Julie (PEP facilitator): "Judy and I wanted to bring up something that was mentioned at our last meeting. Jackie talked about how difficult it is for her sometimes in the late afternoon when she's been coping with the baby all day. She wishes she could just say, 'Here!' and hand John to somebody! What we'd like you all to do is to think of a particular situation or time during the day when you feel stress. (Pause) Can anyone think of such a time?"

Caroline: "A time that's been really hard for me lately is the early mornings, I guess because of the time change. Leon's been waking up an hour earlier, at 6:00 or so, and it's just awful!"

Ruth: "Oh, Ben was up at 5:00 this morning, and he just wouldn't go back to sleep! I just don't know what to do with him!"

Linda: "Heather is always awake early, but at least she goes back to sleep after I nurse her."

Ruth: "Ben used to go back to sleep, but ever since Sunday he won't. I tried to bring him into bed with us, because that usually works, but he just played and giggled. So I got really upset and put him back in his crib and I got in the shower. He just cried and cried! It was awful!"

Julie: "I can really hear the frustration you're feeling, Ruth. I can just see you in the shower with your hands over your ears. It's awfully hard to listen to your baby cry!"

Ruth: "Oh, yes! And I feel so guilty for not going in to him. I think, 'Should I go in, or not?'"

Julie: "Is everyone experiencing this problem with the time change? (A chorus of 'yes') I remember it always affected Michael when he was a baby, each time there was a change. I think this is the first time it doesn't seem to be bothering him too much, and he's four!"

Betty: "You mean we have to go through this for four more years?!" (A chorus of laughs)

Julie: "Has anyone found anything yet that has helped the situation?"

Caroline: "Well, I think they'll all gradually get back to their usual schedules, but I've been trying to help Leon along by leaving him in his bed for fifteen minutes longer each morning while I fix his bottle."

Linda: "Does that work? Does he cry while he's waiting?"

Caroline: "Yes, he cries or fusses a little bit. I just tell him he has to wait. But it seems to be working because he slept longer this morning than he did the first couple of mornings."

Cindy: "I feel like Ruth does. I've found out I just can't let Noah cry. So I get up and nurse him. I've found that if I just give in and relax, then things go much more smoothly."

Judy (PEP facilitator): "Each baby is different, and what works with one won't always work with another one. You have to do

what feels comfortable for you."

(Pause)

Linda: "A really tense time for me is late afternoon or early evening when I want to fix dinner and Heather needs to be fed. I really like an hour to myself to cook, without listening to a baby fussing! Steve and I have made a contract that he has to be home every night at 5:00 or 5:30 at the latest. He takes Heather, and I can cook our dinner."

Betty: "Oh, I've given up fixing dinner! We eat a lot of thrown-together meals."

Linda: "Well, cooking is the one thing I've managed to maintain for myself since Heather was born. I really enjoy it, and I like to cook gourmet meals. This contract we've made is working well for us. It sure cuts down on the tension and yelling at each other, and it gives me a break from the baby. But I guess I'm lucky to have a husband who can get home at a certain time."

Jackie: "You sure are! It's always hard to tell when Mike will get home. One day last week he had to go to Los Angeles and he didn't get home until after 7:00. Boy! I'd really had it by that time! And he was tired and hungry, too. And John was tired. I just said, 'I need you to take John, so I can fix dinner.' And he did, and everything was fine. But it can be a really hard time for us. I can get so uptight!"

Julie: "It can really help if you can tell the other person exactly what you need or want or just what you're feeling."

Cindy: "I have an awfully hard time lately feeding Noah his dinner. He just fusses and arches his back and acts like he's trying to get out of his high chair."

Caroline: "What time do you feed him?"

Cindy: "Oh, about 5:00 or 5:30. I try to feed him later and keep him up a little later, hoping maybe he'll sleep through the night."

Judy: "Has that seemed to work?"

Cindy: "No, as a matter of fact. He still wakes up at night to nurse. It seems that if I fill his stomach up later at night, he should sleep better. But I seem to miss the good time. He's too tired to eat that late."

Linda: "Have you tried feeding him a little earlier? What time does he go to bed?"

Cindy: "He goes to bed about 7:00."

Linda: "I feed Heather about 4:00 or 4:30, and that seems to work

really well. Then I just nurse her before she goes to bed."

Cindy: "Maybe I should try that."

Betty: "You know what I do? I usually nurse Michael in the late afternoon, and sometimes he'll even fall asleep for a little while. But that seems to be enough to get him through that fussy time, and then he eats dinner about 6:00."

Julie: "Cindy, you might try experimenting around a little bit and see if a different dinner time works better for you and Noah."

(Pause)

"It sounds like most of you seem to feel tension at times when you're trying to get something done besides care for the baby, like fix dinner or sleep! (Laughs) I remember when Michael was little, I could always measure my degree of uptightness by how fussy he was getting. I'd be trying to fix dinner or get ready to go somewhere, and he'd all of a sudden want lots of attention or start to fuss and cry for no reason."

Linda: "That sounds just like Heather!"

Julie: "Sometimes what worked for me was if I could realize what was happening, feel the stress building, I could stop and take a deep breath and relax a bit. It really helped. It happened to us this morning, in fact! I was trying to get Michael ready for nursery school and then come here. He said, 'Mommy, you're hurrying too much and you're hurting my feelings!' And I thought to myself, 'Oh well! We'll just be a little late, that's all.' And we were."

Special Circumstance Support

Each birth is special and the experience of adding a new baby to the family can be a difficult one. Some parents may also experience an unusually difficult circumstance surrounding the birth of their child. PEP's special situation support is designed to offer emotional support and guidance to such parents.

Within the ranks of PEP volunteers are likely to be parents who have experienced a variety of birth and/or postpartum situations. These volunteers are available to offer support and understanding to other new parents who are experiencing similar circumstances. A list of such experiences might include the following:

Adoption
Allergies
Belated parenthood
Birth defects
Bottle-feeding experience
Breastfeeding experience
Cesarean birth
Colic
Extended hospitalization for baby
Extended hospitalization for mother
Hernias
Home delivery
Infant death
Jaundice
Leg or shoe braces
Miscarriage
Prematurity
Re-hospitalization for baby
Re-hospitalization for mother
Single parent
Teenage parenthood
Twins
Working mother

A Special Circumstance Reference List, to be included in each Volunteer's Reference Guide, should list the names of those PEP volunteers who have experienced each situation. An occasion may arise in which a volunteer talks with a parent who has had an experience dissimilar to her own. She may wish to refer the parent to another volunteer who has had that particular experience. For example, a volunteer who has bottle-fed her baby may refer a breastfeeding mother to someone else. For this reason, the above list includes what may be termed "normal," as well as unusual, birth and postpartum circumstances.

There are several ways in which this special situation support may be initiated:

1. A volunteer receiving a warm line call from a parent experiencing such a situation may refer her to another volunteer who has undergone a similar situation. The special circumstance volunteer then calls the parent.
2. A volunteer discovering a special circumstance during the course of a postpartum call may refer the parent to a special circumstance volunteer.
3. Hospital nursing staffs, physicians, or other community agencies or professionals may refer special circumstance parents to PEP.

Special Circumstance Groups - Establishing special circumstance groups may help to meet the needs of parents experiencing unique situations, such as single parenthood, miscarriage, infant loss, or teenage parenthood. Sometimes a regular group situation with new parents and their babies might hinder rather than offer emotional support; a parent might feel isolated, judged, or abnormal in such a

meeting. Instead, seeing and listening to others who have experienced similar situations would help a parent feel normal, accepted, and not alone.

PEP directors in Santa Barbara have experienced difficulty in forming special circumstance groups. Such groups are best led by a volunteer who has experienced a similar situation, but PEP has not been successful in recruiting volunteers to represent all of these special categories. New parents who have the added stress of a particularly difficult experience are reluctant to expose themselves to even greater feelings of failure, isolation, or grief, as they fear a group meeting might do. They are more likely to attend a meeting led by someone who knows what they have been through. If such a volunteer is not available, another sensitive leader could also provide understanding and support. Once a small group was established and became a positive experience for some people, it would conceivably grow as a result of word-of-mouth recommendation, as have other PEP discussion groups.

Special circumstance groups might operate a little differently from regular discussion groups since the membership could be continually open, new parents coming for support and reassurance while others leave as their needs are met. This should be a decision made by the facilitators and parents themselves.

Childbirth Class Presentations

Many expectant parents now attend childbirth preparation classes. Although it may be difficult for first-time parents to imagine the likelihood of needing PEP's services after the arrival of their baby, these classes do offer an excellent opportunity for Speakers' Bureau volunteers to present information about PEP. (See the section on Speakers' Bureau in this chapter.)

PEP directors should contact each childbirth educator or group of educators in the area in order to receive their support and permission to speak to their classes about PEP. There are generally three types of childbirth educators: independent Lamaze instructors, independent Bradley instructors, and instructors who teach in, and are

associated with, a hospital. The latter may be contacted through the hospital. (See Chapter Five regarding how to contact local hospitals.) If there is a Childbirth Educators Association in the area, the president of this organization can provide names of independent instructors to be contacted. Other sources of information regarding local classes include physicians, clinics, and hospitals.

Most childbirth classes are offered in a series of between five and eight weekly sessions. The instructor will determine which class session will be most convenient for a PEP presentation. In making arrangements for a presentation, assure the instructor that the presentation will be brief, approximately ten to fifteen minutes, and that it will probably be most meaningful if given during one of the last class sessions.

The Childbirth Class Presentation scheduling coordinator is responsible for the following:

1. Contacting childbirth educators for information as to the date, location, and times of classes to be visited
2. Assigning Speakers' Bureau members to visit appropriate classes
3. Maintaining records of classes visited, which volunteer gave the talk, and the numbers of expectant parents who signed the Childbirth Class Presentation Summary Sheet. (Parents are asked to sign this summary sheet if they wish to receive a Postpartum Telephone Call from a PEP volunteer after the arrival of their baby.)
4. Distribute Summary Sheets to volunteers interested in doing Postpartum Telephone Calls (see the next section) if the volunteer making the presentation is not interested in doing so.
5. Supervising the training of volunteers interested in doing Childbirth Class Presentations, or assigning another experienced volunteer to do so. (See "Guidelines for Childbirth Class Presentations" in the Appendix.)

Postpartum Telephone Calls

The Postpartum Telephone Call is PEP's most personal and direct means of contacting new parents. The calls are made to all parents who have signed a Childbirth Class Summary Sheet. New volunteers should be

encouraged to do these calls, as this is an excellent way to obtain telephone experience and use the communication and support skills acquired during volunteer training. The coordinator of volunteers is responsible for determining which volunteers will make the calls. The volunteer will then receive a copy of "Guidelines for Postpartum Telephone Calls" (found in the Appendix) which will explain the procedure and make suggestions for completing the calls. Many volunteers who speak to childbirth classes will wish to do the Postpartum Calls to the people who attended the class to which they spoke; this is the desirable procedure because a new parent usually finds it easier to talk to someone she has already met.

Volunteers doing Postpartum Calls should keep a record of these calls just as if each were a warm line call: she should use the Childbirth Class Summary and Postpartum Call Sheet for this purpose. (See the Appendix for a sample Summary Sheet.) Follow-up calls should be made if they are appropriate, and names of parents interested in joining a discussion group should be given to the group scheduling coordinator.

PEP Speakers' Bureau

The Speakers' Bureau consists of volunteers who feel comfortable speaking to groups and who are knowledgeable about PEP, its background, philosophy, goals, and services. Training for Speakers' Bureau members parallels that for volunteers making Childbirth Class Presentations. A volunteer first observes an experienced PEP speaker make a presentation, then assists in making a presentation with another Speakers' Bureau member. The trainer and new member together determine when she is ready to conduct a presentation on her own. In Santa Barbara, PEP Speakers' Bureau presentations have most often been made by members of the Board of Directors.

The Speakers' Bureau can be effective in helping to secure initial support from community professionals. Efforts to further community knowledge and understanding of PEP's services, however, should be an ongoing process. As local agencies, organizations, and

professionals hear of PEP, they may request presentations from Speakers' Bureau members to acquaint their staffs with PEP's services.

It is important that PEP actively seek opportunities to make its services known to the community. Offers to make presentations should be included in all publicity mailings (see Chapter Five). Personal telephone contact should be made with community agencies or organizations who serve infants and young families in order to request a meeting between directors or staff members and PEP representatives. The following is a list of organizations the Speakers' Bureau may wish to contact:

- Adoption agencies
- Catholic Social Services
- Child abuse organizations
- Childbirth Educators Association
- Childbirth film showings
- Community or family centers
- County Mental Health Services
- High school child development classes
- Hospital obstetric and pediatric staffs
- Hotlines or helplines
- Junior Chamber of Commerce
- Junior League
- La Leche League
- Medical Society
- Parent-Teacher Associations
- Pediatric Society
- Planned Parenthood
- Programs for unwed or teenage mothers
- Public Health Nurses
- Visiting Nurses Association
- Well baby clinics
- Women's service organizations

Personal contact with PEP directors or volunteers is the most effective means of spreading knowledge of PEP and of encouraging referrals from community professionals. Two Speakers' Bureau members working together can provide for a more effective presentation: the volunteers can support each other and make sure that all of the necessary information is included, and the presentation itself can become a learning experience for the speakers as they evaluate and offer each other feedback. Some materials to include during a presentation about PEP might include the following:

1. Posters advertising PEP's services or outlining points to be covered during the presentation
2. Brochures
3. Volunteer's Reference Guide
4. A slide show depicting PEP's services with emphasis on actual interaction between volunteers and new parents and their infants.

The depth and emphasis of the presentation will vary according to the needs and interests of the group being addressed.

Other Services

In addition to these basic services provided by PEP, several other services have been developed in response to frequent requests from warm line callers and group participants.

Home Support - PEP sometimes offers home support in a situation where telephone contact is not sufficient. This service requires a greater emotional and time commitment on the part of the volunteer, depending upon the length of time the support is offered and upon the extent to which she becomes personally involved with the parent. A volunteer will need to take into consideration her own needs and other commitments, even more so than in other areas of her PEP activities, as she is deciding whether or not she wishes to become involved in providing this service.

In PEP in Santa Barbara, the volunteer coordinator or supervisor, or members of the Board of Directors, have maintained close contact with volunteers providing home support. In some instances, as described below in examples one and two, a new parent who feels especially alone or overwhelmed may require only temporary or limited support: a caring person who listens or who offers suggestions may be all that is needed. In other instances, the parent may feel the need for extensive and extended support, as in the third example. Volunteers providing such support may themselves need support from PEP trainers or supervisors. They may also need help in deciding whether or not the situation remains within the limits of PEP's program, i.e., parents helping parents, or if the situation requires referrals to professionals.

Requests for home support in Santa Barbara have been limited in number. Therefore, no formal guidelines or policies have been developed beyond those discussed in Chapter Two. It is wise for a volunteer who receives such a request to consult a trainer or supervisor before extending her support beyond the telephone or before asking another volunteer to do so.

Examples of home support cases in PEP in Santa Barbara include the following:

1. A mother who was having difficulty with breastfeeding because of her large breasts and small nipples, called the warm line asking for suggestions. A PEP volunteer went to her home to lend her some literature on breastfeeding. Her personal presence offered support to this new parent who wanted very much to breastfeed successfully. The mother continued her efforts, joined a discussion group, and was eventually able to wean her son from the rubber nipple shield she was using.
2. A mother with a ten-day-old baby called the warm line, stating, "I need somebody here with me. I just can't get through another day by myself." A PEP volunteer spent most of the next day with her. The volunteer then kept close telephone contact with the parent, and, within a few days, she had weathered the worst of her depression and was feeling much better. A difficult period in her life was made a little easier by this home support.
3. The social worker at a local hospital referred to PEP a 38-year-old mother who had just had her first child by cesarean section. She was experiencing an extremely difficult recovery which was complicated by further abdominal surgery. She was in the hospital for a total of fifty-one days. When she finally was able to return home, she had no physical or emotional strength with which to care for herself or her baby. Several PEP volunteers provided immediate home support for this woman: in cooperation with her obstetrician, pediatrician, and psychiatrist, they helped her learn to care for and develop a relationship with her baby. PEP also coordinated extended help with housework and baby care through a local employment agency.

Cooperative Babysitting - This is a service which may be offered free to group participants and financed by PEP funds. Expenses include initial purchases of a ledger book, printing of rules and membership rosters, and mailing costs. If PEP does not have the financial resources to support such a cooperative, members may be charged a nominal fee as they join. Directors of PEP can be responsible for organizing and coordinating the babysitting co-op or allow the initiative and effort to come from the parents who are members of discussion groups.

Lectures for Parents - PEP discussion group facilitators have received many requests from parents for specific and detailed informa-

tion on such topics as nutrition, infant stimulation, allergies, discipline, and safety. Beyond the normal sharing of ideas that takes place among parents, PEP directors agreed that attempts to provide such extensive information was inappropriate in the context of the group discussion. It would be in opposition to the purpose of discussion groups and to the role of the facilitator, i.e., that there is no one right way to parent and that PEP volunteers are merely other parents, not experts.

It was decided, instead, that PEP would ask community professionals to speak on such subjects and invite group participants, as well as the general public, to attend. One member of the Board of Directors assumed the responsibility for scheduling and conducting Lectures for Parents. These lectures have been held monthly or bi-monthly in community centers or libraries. Publicity for such lectures has been handled in a manner similar to that advertising other PEP activities (refer to Chapter Five).

Baby Basics - Many expectant and new parents in Santa Barbara have expressed their need for a class covering basic infant care, a service not provided elsewhere in the community. In response, PEP has developed "Baby Basics," a class that provides information about the daily care of the newborn, placing emphasis on the infant from birth to three weeks of age. The class is offered once a month on a Saturday morning for three hours. A minimal fee is charged (income from "Baby Basics" helps to support some of PEP's other free services to parents).

Much research and planning went into the development of the program. Two RN's (one being a newly trained PEP volunteer), who were both young mothers and who had previously taught such a class for the Red Cross in other communities, helped to set up the class curriculum. They were also the initial instructors for the class. The program has three components:

1. Before the Baby Arrives - some of the activities and decisions which should be completed before the baby's arrival are discussed.

2. After the Baby Arrives - includes discussion of the appearance of the newborn, feeding decisions and techniques, bathing, diapering, and dressing (demonstrated with a real baby).

3. Emotional Support for the Developing Family - discussion concerning expectations, concerns, and questions relative to parenting follow a film entitled "Are You Ready for the Postpartum Experience?"

Information centers and displays provide samples of products and equipment related to baby care. Life-size dolls are available for parents to practice skills. Publicity efforts for the program are concentrated in obstetricians' and pediatricians' offices and in childbirth preparation classes.

The services described in this chapter are those which have been found to meet the needs of many new parents in the Santa Barbara community. Directors of PEP in other communities may adapt or expand these services, depending on the resources available, in order to best meet the needs of the families they serve.

CHAPTER FOUR: VOLUNTEERS

PEP's founding mothers believed that the quality of a parent support program would depend on well qualified, well trained volunteers. This meant that the volunteers would need to be screened and trained, and would need to have good reference materials. During the first year of PEP's operation, a method of processing volunteer applicants evolved through trial and error, as the necessity for such a method grew with the program.

As the founders made plans for initiating PEP's services, they decided that at least ten to fifteen volunteers would be needed to adequately cover the ninety warm line shifts per month. They were uncertain how many volunteers would be needed to provide all of PEP's services over a period of time: this would depend greatly upon the community's response to the program. They did expect that the number of volunteers would stabilize after about one year. As the original fifteen volunteers' one-year commitment expired, new volunteers would be recruited to replace them, with a new commitment of one year. In order to facilitate close personal interaction between trainers and volunteers, and among volunteers, it was decided to limit each group of new volunteers being trained to ten to fifteen persons.

Volunteer Requirements

At the end of its first year, PEP had thirty-three volunteers: mothers, fathers, and a grandmother. These volunteers were warm, caring people. Upon meeting an applicant, the founders usually knew immediately if that person would make a good volunteer. However, as more people became involved in the PEP program, it became necessary to rely on more than just a "feeling" that an applicant's attitude was consistent with PEP's philosophy. By examining what was good about PEP's volunteers, it became possible to define clearly what qualifi-

cations screeners should be looking for as they interviewed an applicant. An individual who is in touch with his/her reasons for volunteering and who is comfortable with his/her own parenting experience, is more likely to make a good PEP volunteer. Successful volunteers are warm and sincere people who are able to express their caring concern to the parents who call them.

In order to offer parents sincere support, PEP feels that all volunteers must be parents. Indeed, PEP stresses that volunteers are parents first. They are not professionals and do not have all the answers. PEP does not want a volunteer who is convinced that he/she knows the "right way" to parent and who wants to "save the world" with advice. Qualified parents are expected to agree to the following:

1. Make a commitment of one year to PEP
2. Complete an application (a sample may be found in the appendix)
3. Attend new-volunteer training
4. Accept up to six telephone shifts per month
5. Make approximately ten postpartum calls every two months
6. Participate in follow-up training, not to exceed one three-hour session per month

Volunteer Recruitment

Most of PEP's first twelve volunteers came from within the ranks of the Goleta Valley Branch of AAUW. They were aware of the program as it developed and were eager to help. The second, and all subsequent, training groups consisted of friends of the first volunteers, parents who had benefited from their participation in the PEP program, or parents who had become aware of PEP and called to offer help. In addition, PEP has found it helpful to announce volunteer recruiting in the newspaper. Parents want to volunteer. Once they have "survived" the onset of parenthood, many are glad to lend their support to new parents who are currently experiencing similar situations. Recruitment can be continuous and may include as much outreach as necessary to gain the number of volunteers needed to maintain or expand the program. Because the number of volunteers which can be successfully trained at any one

time is limited, and because volunteers may be leaving the program after one year, it is wise to plan three or four recruitment and training periods during the year. Plan to allow eight weeks for recruitment and screening prior to training. PEP currently has three main recruiting periods: in August, November, and May. Training is held at the end of September, January, and June.

When an inquiry is received from a prospective volunteer, the volunteer coordinator should send the person an application, along with a Volunteer Information Sheet. (These forms may be found in the Appendix.) Let the applicant know that an interview will be held prior to selection.

Another possibility for recruiting might be to hold an orientation meeting where prospective volunteers could learn about PEP, ask questions, and be encouraged to join the program.

Screening

Many volunteer applicants have no prior association with PEP and are unfamiliar with the program's goals and the nature of its services. Therefore, it is important to screen all applicants carefully to ensure that their attitudes toward parenting and their reasons for volunteering are consistent with the program's philosophy.

PEP has used several formats for this screening process. Originally, Advisory Board members screened applicants. Each board member privately interviewed each applicant briefly. All interviewers compared impressions at the end of the day. This method, although time-consuming, was thorough, and provided a good model for subsequent screening sessions.

Because Advisory Board members had serious time constraints, however, it was necessary to consider who else might conduct interviews. The founding mothers, who were also officers of the Board of Directors, had the clearest idea of the type of volunteers PEP needed. Currently, at least two members of the Board of Directors participate in screening interviews. It is also helpful if the trainer is included in screening procedures. Generally, the screening committee uses the

following guidelines:

1. Schedule interviews in a public place or home which is centrally located.
2. Allow at least one-half hour per applicant. This should include a few minutes to discuss the application prior to the interview and at the conclusion of the interview. (Be sure each interviewer has read the application in advance.)
3. Two people should screen each applicant. This allows for sharing impressions and ideas. A greater number of screeners may overwhelm the applicant. Depending upon the number of applicants, it may be necessary to have two sets of interviews occurring simultaneously. If this happens, the four interviewers may want to greet two applicants together briefly before splitting into separate interview groups.
4. During the first five minutes, allow time for introductions and getting acquainted. This can include both a brief discussion of PEP's history and development and questions from the applicant. Set a relaxed tone for the interview.
5. Begin the formal interview with a review of the application and any questions the interviewer may have. A good question might be "What has been your most difficult adjustment as a parent?"
6. This leads into a five- to ten-minute discussion of situational questions. For example, "PEP has gotten a lot of calls about...." or "What would you do if one parent said...
   ... 'I don't love my baby.'
   ... 'My husband thinks I hold the baby too much. Should I let it cry more?'
   ... 'Is it okay to give supplemental bottles when you are nursing?'"
7. Observe the openness and ease with which the applicant responds. Consider how comfortable she/he is with her/his own feelings and attitudes.
8. Ask the applicant if she/he has any questions.
9. Thank the applicant and ask him/her to be seated outside or indicate that she will be notified of the results within a week.

   Because a Volunteer's Reference Guide is expensive to mail and difficult to deliver personally, it is most desirable to make an immediate decision regarding the acceptability of the applicant if possible. If in doubt, DO NOT accept the applicant. Have confidence in your doubts. Experience has shown that accepting questionable applicants may cause problems later. Telling a person "no, thank you," may be

difficult, but delaying the decision only makes it more difficult.

10. Telling a person "no" is best done as honestly as possible. You may have more applicants than can be scheduled for training. Tell the applicant this, then say, "We were concerned about your application because...." Explain your reservations gently but firmly.

    Another option is to state your reservations, but to offer to train and make a final decision about acceptance after training. If you have some reservations, but they are not strong, or if you can't seem to pinpoint them, you may choose this option, and tell the applicant that the screening process continues on through training, and that you will talk with the applicant as training progresses.

    If the interviewer is uncertain whether or not to accept an applicant, tell the applicant this and discuss the concern.

11. If the applicant is accepted, give her/him a Volunteer's Reference Guide and information about the training session.

There have been incidences in Santa Barbara when applicants have been unable to come to the screening interview at the appointed time. When this has happened, it seemed more convenient to set up a less desirable substitute interview, or to waive it entirely. At these substitute meetings, it has been difficult to form an accurate impression of what kind of volunteer the applicant would make. Experience has shown that when there has been a problem with a volunteer, i.e. a volunteer not fulfilling her responsibilities or providing services in an unsatisfactory manner, it has occurred when the volunteer had not been properly screened and/or had been accepted even though the screeners had some reservations about the applicant's attitude or commitment.

New Volunteer Training

A good training program is vital to the success of the organization. There are many elements to consider when planning such a training program.

Scheduling - It is important to develop an overall training timetable to allow for a balanced flow of volunteers into and out of the organization. PEP trains new volunteers three times per year.

Spacing the training sessions makes it easier to control the numbers participating in training at any one time. The PEP Volunteer Training Guides have been used with as many as fifteen trainees, but are recommended for a smaller number.

A smaller training group enables the trainer to maintain close personal contact with the volunteers. This is important so that the trainer can be aware of the abilities and needs of each trainee and provide help when appropriate. A smaller group also allows for more meaningful discussion and group participation. If volunteers feel relaxed, they are better able to examine their attitudes about their own parenting experiences and their reasons for participating in the PEP project. A bonding process takes place as the volunteers discuss these intimate feelings with one another.

The number of volunteers to be trained also depends upon the space available for training. Surroundings should be comfortable and informal. The training format includes some lecturing, much discussion, and role-playing. It also requires that the larger group separate into two smaller groups (preferably in separate rooms). Kitchen facilities are helpful, since volunteers will be eating lunch together.

Training is planned for two seven-hour sessions. For PEP in Santa Barbara, these sessions have been on consecutive Saturdays. Other choices might include four half-day sessions on successive Saturdays, weekdays, or evenings. PEP volunteers have also expressed the need to add a weekday evening session between the two Saturday sessions. Training is most effective if not more than a week elapses between the beginning and end of training. Whatever the schedule, it is important to give the volunteers as much notice as possible to plan for child care, etc.

Trainers - An important consideration when training volunteers is determining who the trainers will be. One possibility is to ask a professional: a doctor, a counselor, or a psychologist. In this case, the professionals would probably work from their own training outline,

and PEP directors might have limited control over the content of training. Also, finding a professional willing to take the time necessary to do training might be difficult: it might also be costly. The ideal situation, of course, would be for one of the PEP directors to be a professional who would donate time.

If PEP directors do their own training, following the outline suggested in the PEP Volunteer Training Guides will ensure that all volunteers are similarly trained. The outline is prepared in such a way that anyone who has had experience as a group leader should be able to give the training. A trainer should be comfortable with groups and possess leadership and communication skills, such as a counselor, trainer, teacher, or group leader would have.

Although the PEP Volunteer Training Guides suggest a format to follow, no two persons will conduct training in the same way. It is anticipated that each trainer will use the outline in a way that is comfortable for her/him. New-volunteer training in Santa Barbara has been conducted by members of the Board of Directors, working in teams of two. Depending on their relative skills and how they work best together, trainers choose to share training responsibilities equally, or to work as a trainer-helper team. This latter method also provides a way to train new trainers: a beginner can start slowly as an observer-helper to a more qualified trainer. She may then be given increased responsibility gradually as her skills and confidence as a trainer increase.

Content - PEP's first training session was designed to train all fifteen applicants to work as telephone volunteers, group leaders, and childbirth class speakers. This method was found to be unsuccessful: there was not enough time to cover the material adequately, and not all volunteers were interested in providing, or were able to provide, all these services. It was necessary to find an alternative to this procedure.

PEP now trains all new volunteers to staff the warm line and to make postpartum telephone calls: the same skills are required to per-

form both of these services. If a volunteer wishes to speak at childbirth classes, or to become a group leader, or to help with PEP's other services, he/she then receives further training. The volunteer may request to offer these extra services, or be invited by the volunteer coordinator to do so. It is the volunteer coordinator who makes the final decision about each volunteer's qualifications for helping with any of PEP's services.

The screeners have selected applicants who already possess good communication skills, and, because they are parents, these volunteers already have a very real understanding of the common concerns of parents. The purpose of the training sessions is to help applicants recognize the positive skills they already possess and to enhance these skills. Before training begins, applicants are given preparatory material: a Volunteer's Reference Guide and an advanced reading unit to be completed prior to training.

The components of the initial seven hours are basic: the trainers encourage volunteers to examine and discuss their feelings about their parenting experiences and their reasons for becoming involved with PEP. Communication skills are also discussed, with a focus on identifying and enhancing those skills which the volunteers already possess. A large portion of the time is allotted to role-playing realistic situations which the volunteers may encounter later on the telephone.

During the morning of the second day, a panel consisting of a pediatrician, an obstetrician, and a family and marriage counselor, moderated by a nurse, discusses the possible medical situations that may occur during warm line calls. The trainees learn which warm line calls can be handled by volunteers and which callers should be urged to refer their medical concerns to their doctors. A considerable portion of the time is devoted to a question and answer period. The interchange between panelists is also very informative. Watching panelists agree, disagree, and discuss ideas, helps volunteers to understand differing points of view. This panel presentation is most

successful in an informal atmosphere. The second afternoon session consists primarily of role-playing, feedback, and discussion.

Training Volunteers for Childbirth Class Presentations

Volunteers interested in visiting childbirth classes should first read "Guidelines for PEP Childbirth Class Presentations." Next, he/she accompanies an experienced volunteer, appointed by the volunteer coordinator or childbirth class scheduling coordinator, to observe a childbirth class presentation. The new volunteer will then be given an opportunity to make a presentation while an experienced speaker observes. Both of these trial experiences provide an opportunity for feedback and discussion about how to give the presentation. Finally, the volunteer will make a presentation on her/his own.

Training Volunteers for Postpartum Telephone Calls

The postpartum telephone call provides new volunteers with the opportunity to become immediately involved with new parents. Making the calls involves the same skills used during warm line calls. Originally, it was recommended, although not required, that the telephone volunteers help with this service. However, new phone volunteers frequently do not receive many calls during their phone shifts and become discouraged by the lack of opportunity to use their new skills. Because of this, and the increasing numbers of new parents requesting postpartum calls, PEP now requires these calls as a part of the new-volunteer commitment.

Training for this service is given to the volunteer in the form of a handout, "Guidelines for Making Postpartum Telephone Calls." The calls are also discussed during training and are included in the role-playing situations.

Training Volunteers to be Discussion Group Leaders

Not all volunteers will want, or will be qualified, to become group leaders. Those interested must be familiar with group processes, comfortable with groups, and enjoy working with them. They should be good listeners and leaders. After a volunteer has participated in

new-volunteer training and the in-service training sessions, the volunteer coordinator will usually have a fairly accurate idea of whether or not he/she would make an effective group facilitator. Some volunteers need to be encouraged to consider becoming a group leader, while others may have joined PEP with the goal of becoming a group leader.

Initially, PEP offered little additional training for group leaders. Potential group leaders were trained by first observing an already functioning group, and then began a group of their own. This form of training was inadequate. The PEP Group Leader Training Guide describes PEP's present method of training group leaders. Candidates for this service are paired together and instructed to observe a group meeting. They are given reading material which includes information about group processes. They then take part in a three-hour training session, lead by one or two trainers. During this informal period, the dynamics of groups are discussed as they apply to PEP discussion groups, and the role of the PEP facilitator is investigated.

An effective way of training a new leader is to team the new person with an already experienced group leader. Experience has shown, however, that volunteers become accustomed to working with a particular co-leader, and they are reluctant to break up their harmonious teams. Splitting a team and adding a new leader might also injure the rapport established within the group. Some group leaders are eager to work with newly trained leaders when they begin to form a second group, and PEP has found this to be a very satisfactory method for teaming experienced and inexperienced volunteers.

Follow-Up (In-Service) Training

Training is never considered complete. Volunteers need to update their communication skills continuously, share problems, and learn about community resources. As a result, volunteers are expected to attend no more than one three-hour training session per month. The time and place of the in-service meetings in Santa Barbara have varied from weekday evenings in volunteers' homes to Saturday mornings in

public places.

Scheduling the content material for these sessions is important. Since the organization is regularly adding new members, the skill level and experience of the volunteers will vary greatly within the group. The training material must be sufficiently stimulating to the more experienced volunteers and, at the same time, it should not be too advanced for the new volunteers. Repetition may be necessary when the new volunteers need to learn information that the others have already received. There should also be sufficient variety in each session so that volunteers will want to attend. Three sessions in a row on community resources, for example, would be inappropriate. One month, a representative from a public agency might be invited to speak, while the next month might be an organizational meeting with no outside speaker. Experienced volunteers can be asked to role-play problem calls with the newly trained volunteers. No matter what the announced topic, each session should begin with a skills support segment, where volunteers can ask questions and share calls they have received or problems which have arisen in group discussions.

An additional aspect of training is that it brings all volunteers together once a month and contributes to improved communications within the organization. Periodically, social activities are substituted for formal training, which also serves to increase the bonds of friendship among the volunteers. It provides the opportunity for the group bonding process, started in the initial training session, to continue.

Possible Topics for In-Service Training -

1. Invite a representative from the local community resources information service to speak to volunteers about resources in the community.
2. Invite a marriage counselor, a psychologist, or a psychiatrist to discuss any number of topics, e.g. husband-wife relationships, stress as a result of grandparental pressure, assertiveness, etc.
3. Invite representatives from various community agencies such as a child abuse prevention organization or hotline, Mental Health Services, Visiting Nurses, Helpline, Childbirth Educators, Planned Parenthood, etc. to speak to the group about

their services.

4. Discuss mother-infant bonding.
5. Discuss cesarean births.
6. Prepare a book list either for volunteers' references or to give to parents with whom they work.
7. Role-play problem calls.

Because it is important to maintain the primary focus on training, the business portion of any meeting should be kept to a minimum. If it is necessary to conduct a great deal of business, a separate meeting should be planned.

Training Materials

The first step in developing the PEP program was to research and write the Volunteer's Reference Guide. This guide discusses in detail the postpartum mother, physically and emotionally, the postpartum infant, physically and developmentally, and the postpartum family for the first year. The guide is by no means complete, but it is intended to include a survey of general information available. It has been extensively reviewed for accuracy by a pediatrician, an obstetrician, several nurses, a psychiatrist, and a family and marriage counselor. Included with the guide should be a copy of the Community Resource directory described in Chapter Three.

The volunteers are also given forms for keeping records of their warm line telephone calls, their childbirth class visits, their postpartum telephone calls, and their discussion group meetings. (These forms may be found in the Appendix.) The forms are discussed in training and the volunteers are given instructions for using them.

Other training materials, such as the reading unit described above, are included in the PEP Volunteer Training Guides.

Supervision of Volunteers

In order to maintain the quality of PEP's services to parents, it is important to ensure, as far as is possible, that volunteers' attitudes and support techniques remain consistent with PEP's philosophies and policies. All of PEP's screening and training procedures

allow program directors to observe and evaluate volunteer's attitudes and the ways in which they interact with others. The following guidelines have been developed for supervising volunteers as they are providing support for new parents:

1. Telephone Volunteers - Supervision and support of warm line volunteers and those making postpartum calls is provided by directors and/or trainers during the skills support segment of monthly in-service training, and on a one-to-one basis when needed.
2. Group Leaders - Supervision of group facilitators is provided during occasional separate in-service training meetings for group facilitators only. Whenever possible, an experienced and inexperienced leader will be teamed together. If two inexperienced volunteers are working together in establishing a discussion group, an experienced facilitator will observe for one or more meetings, giving the new leaders feedback, support, and suggestions.
3. Special Circumstance Support Volunteers - This supervision is handled on a one-to-one basis or in small group meetings with trainers.

All of these procedures provide a means for PEP directors to remain in touch with how volunteers are performing services to parents and by which trainers can provide skills enhancement to ensure that PEP continues to offer the warm, caring support new parents are seeking.

Just as PEP volunteers provide support for parents, so PEP must provide support for its volunteers. Interacting with new parents can sometimes be an emotionally draining experience. PEP volunteers often become friends, and, as such, are in an excellent position to offer this needed support to each other. But it is PEP's goal that trainers and directors should also remain in a position to offer support and friendship to volunteers. Each volunteer has a unique personality, a family of his/her own, and concerns and problems of his/her own. These many factors should be considered as supervisors offer support and make suggestions.

Responsibilities of the Volunteer Coordinator

1. Coordinate the recruiting, screening, and training of new volunteers.

2. Provide for the training of trainers.
3. Determine which volunteers will be trained for making presentations to childbirth classes and making postpartum telephone calls.
4. Coordinate the training for group leaders (as well as determine which volunteers are qualified to become group leaders).
5. Coordinate follow-up training.
6. Maintain adequate supplies of training materials and ensure that each volunteer receives the appropriate materials.
7. Coordinate the supervision and evaluation of all PEP volunteers.

CHAPTER FIVE: PUBLICITY AND COMMUNITY RELATIONS

Crucial to PEP's success is the community's awareness of the organization's objectives and services. A central goal should be to inform as many new parents as possible about what PEP has to offer them. Information alone, however, may not be sufficient. While many parents will eagerly call the warm line or seek discussion groups on their own initiative, others will not. These parents may first want to hear about PEP from a respected friend or professional. Publicity efforts, then, can take two directions:

1. To inform community agencies, organizations, physicians and other professionals about PEP, and
2. To reach as many new parents as possible with information about PEP's services.

In order to increase the number of referrals from the community, PEP makes a determined effort to convince parents and professionals of the organization's genuine concern. PEP volunteers want to help new parents to find their own way, to build their confidence, and to find the style of parenting which best suits them. In this chapter, we shall look at those publicity efforts which PEP has found to be beneficial in letting people know about the organization and in building support and good will between professionals and PEP.

Informing the Community about PEP

Mailings - Just before PEP began its services in Santa Barbara, a letter of introduction and a brochure were sent to the following:

1. Obstetricians, pediatricians, family doctors and general practice physicians
2. Hospitals and clinics
3. Community social service agencies which serve children and families

4. Community and family centers
5. Nursery schools and day care centers
6. Churches and synagogues

Letters of introduction appear more professional if printed on the PEP letterhead. (See an example in the Appendix.) Bulk mailing rates are available from the Postal Department if at least two hundred pieces of mail are sent and if the content is identical. It is important to remember that many bulk mailings may not be read by the recipients. A letter alone will probably not be enough to convince an agency or professional to make referrals to PEP. A more effective way of achieving this goal is through personal contact with a PEP representative. (See the section on PEP's Speakers' Bureau in Chapter Three.)

Radio - Many local radio stations feature a free public service announcement spot. PEP's publicity coordinator should contact each radio station by telephone to find out how they prefer to have such announcements submitted. Such radio announcements might be used for several purposes: to announce the introduction of services; to announce the meeting of discussion groups; or to publicize special events sponsored by PEP, such as fund-raising activities or speakers' programs.

Television - Local television stations also have a public announcement service. Many stations have news, interview, or community affairs programs, which can serve as an excellent source of publicity. Objectives of a television interview might include the following: to give information about PEP and its goals and services, to publicize the warm line number and to stress the organization's genuine concern for helping new parents.

Newspapers - Local newspapers are an excellent source of free publicity. When the publicity coordinator contacts a newspaper for the first time, she should include a personal letter of introduction and a PEP brochure. If a friendly relationship can be established with a particular reporter or editor, the likelihood of the newspaper printing PEP's articles will be increased.

When submitting news articles, always give precise information, including the basic who, what, when, where, and why. When typing news copy, begin the text at least a third of the way down the page, use wide margins, and double space. If a second page is necessary, begin the page with a new sentence, also a third of the way down the page. Always retain a carbon copy of the article. When submitting an article, include the writer's name, title, and telephone number, along with the date and the organization's name at the top of the page. Indicate if the news item is for immediate release or suggest a preferred date. Articles may be used to announce the following:

1. Funding received for establishing a PEP program in the community
2. Volunteer recruiting, screening, and training
3. The introduction of PEP's services
4. Discussion group meetings, special PEP activities, or fund-raising events.

The warm line number should be included in all news articles. Information about the organization's goals, services, or community activities can also be included.

A pictorial or human interest article is a particularly effective means of letting the community know about PEP. Arrangements for such an article must be made with an editor. Suggestions for picture subjects include views of a PEP discussion group, a volunteer speaking at a childbirth class, a community physician or maternity nurse handing a PEP brochure to a new parent, volunteers at a training session, or community professionals at an Advisory Board Meeting. (Examples of news articles may be found in the Appendix.)

PEP's Outreach to New Parents

While PEP's general publicity campaign is aimed at informing the entire community about the organization and its services, a more specific and concentrated effort must be made to reach new parents. There are four aspects to this effort:

1. Many expectant parents are addressed by a PEP volunteer at a childbirth education class.

2. Postpartum patients are given a PEP brochure in the hospital.
3. Parents who sign a Childbirth Class Summary Sheet receive a Postpartum Call from a PEP volunteer after their baby is born.
4. Professionals will refer parents to PEP.

The Childbirth Class Presentation and Postpartum Call are discussed in Chapters Three and Four.

Postpartum Patients in Hospitals - Most maternity patients spend only a brief time in the hospital. If the number of PEP volunteers is limited, it may be impractical for volunteers to visit patients or to deliver PEP brochures personally. Instead, brochures may be included in packets of information given postpartum patients or distributed by nurses or aides. Obstetricians and pediatricians who support PEP may also recommend PEP to their patients as they leave the hospital.

In order to distribute brochures or give presentations to childbirth classes held in hospitals, PEP directors must first receive the approval of the hospital administration. A personal appointment can be made with administrators to explain PEP's objectives and services and to discuss the hospital's cooperation. Experience suggests that larger hospitals may be reluctant to accept new programs. If PEP has previously received the endorsement of physicians on the obstetric and pediatric staffs of the hospital, this makes the administration's acceptance of PEP more likely. Once the hospital has endorsed PEP and agreed to distribute brochures, arrangements should be made for a Speakers' Bureau presentation to the Obstetric and Pediatric Staffs.

The directors of PEP in Santa Barbara have found that a most valuable source of referrals is the hospital nursing staff: they have direct contact with new parents and are aware of those who may need special support. A nurse who is knowledgeable about PEP may tell a particular parent about the organization and ask if she would like a volunteer to come and talk with her or to call her when she gets home. It has been PEP's policy to approach parents only after they have expressed an interest in seeing or speaking with a volunteer.

An effective and personal method of brochure distribution is to

have one nurse or aide who regularly sees each patient perform this task. In one hospital in Santa Barbara, the clerk who is responsible for seeing that birth certificates are completed has also been responsible for distributing PEP brochures. Many new mothers in the hospital have not yet experienced the reality of caring full-time for an infant, and they may decline when a brochure is offered. For this reason, an effective way of presenting a brochure is to say, "I would like you to have one of these...," and then explain further, rather than saying, "Would you like one of these?"

Nurses are more likely to refer patients to PEP if they have had the opportunity to learn first-hand about the organization and to meet some of its directors or volunteers. A meeting with the nursing staff can be arranged through the supervising nurse of the department or through an in-service coordinator. Maintaining close contact between nursing staffs and PEP volunteers will increase the effectiveness of the coordinated program.

PEP's Relationship with the Professional Community

PEP's relationship with the medical community depends to a great extent upon how well local physicians understand the organization's philosophy, goals, and services. Specifically, physicians will need to have an accurate understanding of what interactions are likely to take place between their patients and PEP volunteers. PEP directors in Santa Barbara have discovered several successful methods of communication aimed at establishing a positive working relationship with professionals, all of which involve personal contact between the professionals and members of PEP.

As mentioned earlier, a bulk mailing to announce the initiation of services was found to be a rather ineffective method of promoting understanding of PEP. After they had read the brochure, many physicians, pediatricians in particular, had some reservations about the services PEP intended to offer. (PEP directors learned of these feelings from pediatricians who did actively support the organization and who were seeking to solicit similar support from their colleagues.) Physicians

were concerned that volunteers might attempt to give advice or suggestions that were medical in nature. Professionals in the same field often have differing opinions about a particular situation or practice. For example, some pediatricians recommend not feeding an infant more frequently than every three or four hours, while others will advise a very flexible schedule of "demand feeding." There are many other areas of disagreement, including the issue of whether or not to give iron supplements to newborns and when to begin solid foods. Some physicians were afraid that a volunteer might offer an opinion or suggestion to a parent with which his or her physician might disagree. It was also discovered that some pediatricians were concerned about the possibility of losing patients to another physician as a result of discussions that might take place on the warm line or in discussion groups. One physician also expressed his reluctance to refer patients to PEP because he felt that, if he were doing his job properly, referrals would not be necessary. Mailings alone did not adequately answer these concerns.

Personal contact with a PEP director or Speakers' Bureau member was found to be an effective means of communication with physicians. They could be reassured personally that PEP volunteers do not attempt to give medical advice; indeed, nearly every warm line caller is advised to call his or her physician at some time during a conversation with a PEP volunteer. Obstetricians and pediatricians could also learn that PEP volunteers strongly discourage the naming of physicians or hospitals during discussions. Most importantly, the doctors could experience first-hand the genuine concern and commitment that is central to PEP's program. Personal interaction with a caring volunteer provides the doctor with the opportunity to achieve a clear understanding of PEP, encourages him to make referrals to PEP, and establishes a basis for a positive working relationship.

This personal interaction can be achieved by making individual appointments with each local physician, particularly pediatricians and obstetricians, or by making arrangements for a Speakers' Bureau volun-

teer to attend the physician's regularly scheduled staff meetings. (This is an especially efficient method where physicians practice together in a group.) A meeting with the entire staff provides the opportunity for establishing communication with office receptionists and nurses. Addressing larger groups, such as a hospital staff or pediatric society meetings, was found to be an effective way of communicating information about PEP, but it did not usually allow for the informal interaction necessary to establish trust and understanding.

After PEP had been in operation in Santa Barbara for one year, an attempt was made to evaluate the program's success in terms of its services to new parents, its training of volunteers, and its relationship with the professional community. (See Chapter Two and the Appendix for a more detailed discussion of this evaluation.) The evaluation revealed that PEP was actively supported (i.e., referrals were made) by only a handful of pediatricians and obstetricians. It was clear to the PEP directors that a major, concentrated effort would be necessary in order to build support and good will and to encourage referrals.

The most effective contact occurred when all the pediatricians in the community were invited to participate in a panel discussion to be attended by all PEP volunteers (approximately forty), with the intent of providing for an informal communication between volunteers and physicians. Specific objectives included the following:

1. To train volunteers to correctly distinguish between warm line calls they themselves can handle and those which should be referred to the caller's physician
2. To acquaint pediatricians with the types of calls PEP had received from parents during its first year of operation and to receive professional opinions as to the appropriate handling of these calls
3. To improve communication between PEP volunteers and the medical community
4. To talk together and reach a common understanding about how we can best meet the needs of the parents we serve.

Volunteers were asked to come prepared to discuss the calls they had

been receiving on the warm line, and physicians were asked to share their most commonly received non-medical calls. Specific issues or concerns were discussed ahead of time by PEP's Board of Directors, and questions were prepared to address to the physicians.

The session was well attended by both volunteers and physicians: five of the eleven pediatricians invited were present with at least one member of each local pediatric group or clinic present. A member of the PEP Advisory Board, a nurse and childbirth educator who is also a PEP volunteer, served as moderator during the two-hour discussion. An informal refreshment period followed. The conversations which took place between volunteers and physicians, after the panel discussion, were as meaningful and as valuable as that formal discussion, in terms of promoting understanding and good will. At the conclusion, the physicians who participated had a clearer understanding of what PEP was all about. They also had had an opportunity to meet and converse with the volunteers to whom they would be referring their patients.

Four months later, a similar, seminar-type discussion was held with some of the local obstetricians. The results of this informal meeting between volunteers and professionals were as positive as those achieved during the discussion with the pediatricians.

This type of communication has been found to be the most effective method of establishing a positive relationship with the professional community. Timing may well have been an important factor in this success, however. After a year of successful operation, PEP had already served many new parents without the active support of most local pediatricians and obstetricians. It would appear that their interest grew as PEP became an established and successful service. Invitations to attend such meetings might not have been so well received earlier in PEP's development, before the organization had "proven itself."

Publicity Materials

Brochures - An important item in PEP's publicity campaign is the brochure. The number of brochures printed will depend upon the

size of the community to be served: this includes such factors as the number of births in local hospitals, the number of childbirth teachers, and the number of physicians practicing locally. An estimate of the number of brochures to be used can be made prior to the initiation of services and then adjustments can be made in subsequent printings as actual needs are determined.

Low-cost printing and duplicating services are now more readily available to the public. The cost is usually reduced as volume is increased. All changes and corrections should be made before the initial printing, as new plates must be prepared for each copy change, and this is costly. Brochures without pictures are also less expensive. If financial resources are limited, other possibilities for printing include approaching local high school printing classes who may do the work for only the cost of materials, financing the printing through local agencies such as the County Mental Health or Public Health Services, or seeking help from local businessmen who may donate materials or labor.

Brochures may be used in many ways to facilitate community knowledge of PEP's services. They should be included in bulk mailings to social services agencies, organizations, churches, and physicians. They should also be included in correspondence with individuals or businesses, such as radio or television stations, newspapers, and requests for donations or services. Brochures should be made available to the public in such places as doctors' offices, clinics, community or family centers, and libraries. They should also be distributed at childbirth education classes, other Speakers' Bureau presentations, and PEP sponsored lectures. Distributing brochures to new parents in hospitals has already been discussed.

Posters and Flyers - These publicity materials may also be printed professionally or by local printing classes. Smaller flyers can be Xeroxed or duplicated. Posters can be made by hand on tagboard. If such posters are for permanent use, i.e. if they are not related to a special event, they can be laminated or covered with clear contact

paper to protect them from damage.

When designing posters or flyers, the following ideas might be useful: there should be a minimum of reading required to understand PEP's message; the print should be large and bold; the poster should be visually appealing and non-threatening to parents; and the warm line number should be prominently displayed. (Sample posters may be found in the Appendix.) PEP posters might be displayed in the following locations:

Doctors' offices	Nursery schools
Medical clinics	Libraries
Community and family centers	Infant's and children's stores
YMCA	Supermarkets
Day-care centers	Laundromats

Role of the Publicity Coordinator

A publicity coordinator should be responsible for initiating and maintaining public relations and publicity efforts within the community. Duties include the following:

1. Coordinate mailings.
2. Maintain contact with the media, including preparing radio and television announcements and submitting articles to local newspapers.
3. Prepare materials, arrange printing, and maintain an adequate supply of publicity materials.
4. Coordinate the publicity efforts to reach new parents, including distribution of brochures to hospitals, physicians' offices, and community centers.
5. Maintain records of all publicity efforts and Speakers' Bureau presentations.

Record-keeping - Maintaining accurate records is essential to the smooth operation and to the meaningful evaluation of PEP's services. It is also valuable in estimating needs, proposing budgets, and in recruiting volunteers. Records of the following publicity efforts should be kept:

1. Recipients, dates, and copies of mailings
2. Carbon copies of correspondence, including media requests
3. Dates of television appearances

4. Copies of articles submitted to newspapers and the dates articles appeared
5. Dates and recipients of Speaker's Bureau presentations, including follow-up correspondence and conversations
6. Dates, locations, and numbers of brochure distribution
7. Childbirth class presentations
8. Postpartum telephone calls.

The publicity activities described in this chapter offer suggestions both for informing the community organizations and professionals about PEP and for reaching new parents with information about PEP's services. The success of PEP's attempts to offer support to new parents depends greatly upon the success of these publicity efforts.

POSTSCRIPT

The authors of this Guide would like to emphasize how important the processes of planning and development are to the success of a self-help program, such as PEP. It takes time, commitment, and patience. The preceding chapters have explained what has worked in the Santa Barbara community, but it is not safe to assume that this program will automatically succeed elsewhere. We have tried to inspire you to attempt a similar project. We recognize, however, how enormous an undertaking this seems. We hope that our experiences will have been useful in helping you to do so.

The following is a summary of the components of the developmental process for forming a parent support organization. Again, it must be emphasized that simplifying a difficult task is idyllic and idealistic. Each new program will reflect the personalities of its organizers and the unique qualities and needs of their community.

A. Planning
   1. Determine which individuals will work together as the core committee.
   2. Assess the needs of the community.
   3. Establish your purpose, philosophy, goals and objectives. Determine what services you wish to provide.
   4. Gather community support, encourage cooperation, avoid duplication of effort.
   5. Organize the group's internal structure.
   6. Formalize a budget, seek funding.
   7. Recruit volunteers.
   8. Train volunteers.

B. Implementation
   1. Establish an Advisory Board of supportive community

professionals.

2. Begin publicity, outreach to target population.
3. Begin services.

C. Evaluation

1. Design an external process for program evaluation (such as that described in Chapter Two of the text).
2. Design an internal format for ongoing supervision and evaluation of volunteers and services (as described in Chapters Two and Four).

This Guide describes how PEP became a reality in Santa Barbara and how its basic services are provided. PEP, however, grows daily and strives continually to develop in new directions, which include the following:

1. PEP directors and trainers are currently beginning to provide training for new volunteers in other communities that are establishing similar programs.
2. Directors and volunteers are developing a Grief Program within PEP, designed to offer help to parents experiencing miscarriage, infant loss, or threatened loss.
3. Ideally, PEP would eventually like to offer support and sharing of ideas to parents of children of all ages.

If, after reading this Guide, you have decided to commit yourself to the time-consuming and gratifying task of beginning a parent support group, then PEP in Santa Barbara would like to help you further.

The PEP Volunteer's Reference Guide and the PEP Volunteer Training Guides, referred to in the text, are available for a nominal charge. The price includes mailing and packaging costs. Any profit helps contribute to the continuing operation of PEP in Santa Barbara. Please use the following order form and address all requests and questions to:

PEP
% Jane Honikman
927 North Kellogg Avenue
Santa Barbara, CA 93111

ORDER FORM

(cut here)

Please send me the following:	Price	Quantity	Total
1. PEP Volunteer's Reference Guide	$6.00	_____	_____
2. PEP Volunteer Training Guides	$10.00	_____	_____
	Enclosed total:		_____

Mail to: (please print)

Name: _____

Address: _____

_____ Zip _____

If you represent an organization: _____

_____

APPENDIX

SUMMARY OF THE AAUW GRANT APPLICATION

The following is a summary of the items included in the Public Service Grant application submitted by PEP's founders to the American Association of University Women, Educational Foundation in Washington, D.C., in January, 1977.

1. Concise description of scope of project: The purpose of the Postpartum Education for Parents (PEP) project is to ease the adjustment of the developing family immediately after the arrival of a baby. It is PEP's intentions to fill the gap left by society's shift from the extended to the nuclear family unit. A couple may be prepared for childbirth, but they may not be ready for the abrupt change which occurs when they become parents. Often frustrated by conflicting information and confused about whom to call for their non-medical concerns, parents find themselves needlessly alone. This is a time for reassurance. PEP will provide a forum in a non-judgmental environment which will promote the growth of confidence in parents to pursue and to continue their own parenting techniques.

2. What evidence is there of need of project: Interviews were conducted with professionals and community leaders from the family health care field in Santa Barbara. A presentation was made to each individual or group outlining our background, research and investigation, our goals and objectives, and the proposed implementation of service. Quotations from their letters of support indicate the extent of their backing and serve as evidence of the need and importance of our undertaking in the community.

3. Goals and objectives of project: Our goal is to ease the adjustment of the postpartum family by offering emotional support and the sharing of ideas. Our objectives are:

   a. to increase the confidence of parents.
   b. to assist the medical community at the para-professional level by decreasing the need for parents to call with non-medical concerns.
   c. to establish a forum for parents to meet other parents.
   d. to develop communications in the family unit and between people with similar problems.
   e. to refer parents with special and/or medical concerns to professionals.

4. Specific plans and time schedules for accomplishing goals and objectives:

   a. Planning stage - complete and print the Volunteer's Reference Guide and prepare Training Workshop materials for review by professionals. (February)

   b. Implementation stage -

Set up Advisory Board of community professionals (March)
Recruit and screen volunteers (April)
Train volunteers, give oral presentations to OB's, childbirth classes, local hospitals and others (June)
Distribute brochures (June)
Begin warm line service, initiate parent discussion groups (July)

c. Evaluation stage -

Written and oral comments from community professionals, ongoing.
Quarterly reports on PEP's services, including numbers and types of warm line calls received, childbirth classes visited, postpartum calls made, and discussion group attendance. (First and second quarters)
Final, external evaluation consisting of questionnaires to warm line callers, group participants, volunteers, and community professionals.

5. Estimated budget: a copy of PEP's first year's budget may be found in Chapter Two. PEP's founders requested $643; a grant of $500 was awarded.

BYLAWS OF POSTPARTUM EDUCATION FOR PARENTS

I

NAME

The name of the corporation is Postpartum Education for Parents, or PEP, a voluntary nonprofit corporation which shall be incorporated under the laws of the State of California.

II

MEMBERSHIP

Section 1. Members

Membership is open free of charge to all persons interested in the corporation.

Section 2. Classes of membership

There shall be two classes of members of this corporation. The first class of members shall be the Board of Directors and known as voting members. The second class shall be known as Associate members and have no vote.

Section 3. Voting and Other Rights of Members

Each voting member of this corporation shall have one vote. Associate members shall not be entitled to vote and no notice of any meeting of the membership need be given to any Associate member.

Section 4. Liabilities of members

No person who is now, or who later becomes, a member of this corporation shall be personally liable to its creditors for any indebtedness or liability, and any and all creditors of this corporation shall look only to the assets of this corporation for payment.

III

BOARD OF DIRECTORS

Section 1. Number of Directors

The Board of Directors shall not exceed nine members.

Section 2. Powers of Directors

Subject to limitations of the Articles of Incorporation, other sections of the bylaws, and of California laws, all corporate powers of the corporation shall be exercised by or under the authority of, and the business and affairs of the corporation shall be controlled by, the Board of Directors.

Section 3. Term of Office and Election

The term of office for a Director shall be for one year. Directors shall be elected at the annual meeting by a majority vote of the

voting members. A Director may be re-elected.

Section 4. Vacancies

Vacancies on the Board of Directors shall be filled by a majority vote of the remaining members. Successors so elected shall serve for the unexpired term of the predecessor.

Section 5. Compensation

Directors shall receive no compensation for their services as Directors.

IV

OFFICERS

Section 1. Officers

The officers of this corporation shall be a Chairperson(s), a Secretary, a Financial Officer, and such other officers as the Board of Directors may elect.

Section 2. Election

The Board of Directors shall elect all officers of the corporation for terms of one year.

Section 3. Vacancies

Vacancies shall be filled by a majority vote of the Board of Directors.

Section 4. Chairperson

Subject to the control of the Board of Directors, the Chairperson(s) shall have general supervision, direction, and control of the business and affairs of the corporation. The Chairperson(s) shall preside at all meetings of the members and Directors, and shall have such other powers and duties as may be prescribed from time to time by the Board of Directors.

Section 5. Secretary

The secretary shall keep a full and complete record of the proceedings of the Board of Directors, shall make service of such notices as may be necessary and proper, shall supervise the keeping of the records of the corporation, and shall discharge such other duties of the office as prescribed by the Board of Directors.

Section 6. Financial Officer

The Financial Officer shall keep and maintain adequate and correct books of accounts of the corporation and shall deposit them in the bank that may be designated by the Board of Directors. The Financial Officer shall have such other powers and perform such other duties as may be prescribed from time to time by the Board of Directors. In absence or the disability of the Chairperson to serve, the Financial

Officer shall preside.

V

ADVISORY BOARD

Section 1.

The Corporation shall have an Advisory Board. The duties of the Advisory Board shall be to counsel the Corporation in the operation of its services, to act as a liaison between the Corporation and the community, and to evaluate the corporation at periodic intervals.

Section 2. Selection

Members of the Advisory Board shall be selected by the Board of Directors from the following professional fields: Obstetrics-Gynecology, Pediatrics, Law, Obstetric Nursing, Guidance Counseling, Psychiatry, Childbirth Education, Accounting, Social Services.

Section 3. Term

Duration of the Advisor's terms shall be for one year. An Advisor may be reappointed.

Section 4. Vacancies

In case of inability to serve, a replacement shall be appointed by the Board of Directors for the remainder of the term.

Section 5. Meetings

The Advisory Board shall meet quarterly at the principal office of the Corporation unless otherwsie provided by the Board. At the first such quarterly meeting a Chairperson shall be elected by the Advisory Board. The Chairperson shall preside at Advisory Board meetings for the duration of the year.

VI

MEETINGS

Section 1. Annual meeting

The annual meeting of this corporation shall be held on the first Tuesday in June of each year at 10 AM at the principal office of this corporation which shall be in the County of Santa Barbara, California. No notice of any such annual meeting need be given, if it is held as specified; otherwise written notice of the time and place of the meeting is required at least five days prior to the date of the meeting.

Section 2. Special meetings

Special meetings of the members of the Corporation for any purpose may be called at any time by the Chairperson of the Corporation or by any two Directors. Written notice of the time and place of special meetings of the members shall be given in the same manner as for annual meetings of the members.

Section 3. Quorum

The quorum shall be a majority of the voting members.

VII

FINANCES

Section 1. Fiscal year

The fiscal year shall be July 1 to June 30.

Section 2. Funds

Sources of revenue shall be from grants, donations, and other nonprofit fund-raising activities as needed. No fund-raising activity shall be conducted without prior approval of the Board of Directors.

Section 3. Audit

The Board of Directors shall provide for such audit and control of its funds as are necessary for their safekeeping and complete accounting.

VIII

AMENDMENTS

Amendments to these Bylaws shall require a majority vote of the Board of Directors.

ARTICLES OF INCORPORATION OF POSTPARTUM EDUCATION FOR PARENTS

I

The name of this corporation shall be POSTPARTUM EDUCATION FOR PARENTS.

II

The purposes for which this corporation is formed are:

a. The specific and primary purpose of this corporation is to provide assistance to new parents in developing and improving their own parenting capabilities.

b. The general purposes and powers are to have and exercise all rights and powers conferred on nonprofit corporations under the laws of California, including the power to contract, rent, buy or sell personal or real property, provided, however, that this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purposes of this corporation.

c. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

III

This corporation is organized pursuant to the General Nonprofit Corporation Law of the State of California. This corporation does not contemplate pecuniary gain or profit to the members thereof and it is organized for nonprofit purposes.

IV

The principal office for the transaction of the business of this corporation is located in the County of Santa Barbara, State of California.

V

The general management of the affairs of this corporation shall be under the control, supervision and direction of the board of directors. The names and addresses of persons who are to act in the capacity of directors until the selection of their successors are:

Jane Honikman, 927 N. Kellogg Avenue, Santa Barbara, California 93111

Judy Mrstik, 841 De la Guerra Terrace, Santa Barbara, California 93103

Judy Edmondson, 1421 Manitou Road, Santa Barbara, California 93105

VI

The authorized number and qualifications of members of the corporation,

the different classes of membership, if any, the property, voting and other rights and privileges of members, and their liability to dues and assessments and the method of collection thereof, shall be as set forth in the bylaws.

VII

The property of this corporation is irrevocably dedicated to educational purposes and no part of the net income or assets of this organization shall ever inure to the benefit of any director, officer, or member thereof or to the benefit of any private individual. Upon the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation or incorporation which is organized and operated exclusively for educational purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the Revenue and Taxation Code. If this corporation holds any assets in trust, or a corporation is formed for charitable purposes, such assets shall be disposed of in such manner as may be directed by decree of the superior court of the County of Santa Barbara, California under petition therefore by the Attorney General or by a person concerned in the liquidation, in a proceeding to which the Attorney General is a party.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Incorporation this _____ day of _____, 1977.

Jane Honikman	Judy Mrstik	Judy Edmondson

STATE OF CALIFORNIA

COUNTY OF SANTA BARBARA ss.

On this _____ day of _____, 1977, before me,_____, a Notary Public for the State of California, with principal office in Santa Barbara County, personally appeared Jane Honikman, Judy Mrstik, Judy Edmondson known to me to be the persons whose names are subscribed to within the Articles of Incorporation and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal of the day and year first above written.

_____

NOTARY PUBLIC

PEP POLICY STATEMENTS

I. Confidentiality and Record-Keeping

1. PEP adheres to strict confidentiality.
2. PEP does not endorse any doctor, hospital, pharmacy, or other health-related professionals or agencies.
3. Names of doctors and hospitals shall not be mentioned at PEP gatherings.
4. Names, addresses and phone numbers of PEP participants shall not be released to the public.
5. All referrals from or within PEP shall be made with the knowledge and/or permission of the parent involved.
6. Names of participants shall remain anonymous.
7. Records of PEP participants shall be maintained for the purposes of evaluation and statistics.

II. Training and Supervision

1. Training is mandatory.
2. In-service training meetings shall be held no more than once a month.
3. Attendance at in-service training is compulsory: if a volunteer is unable to attend, notification must be made to an executive member of the Board of Directors.
4. A goal of the in-service training program is to provide skills enhancement and a valuable learning experience.

III. Services

1. We welcome all parents to use PEP's services.
2. PEP does not substitute for professionals in dealing with parents who have special problems.
3. If available, a qualified volunteer may work with professionals and their clients on a one-to-one basis when the request does not exceed the philosophy of PEP; i.e., parents helping parents.
4. All requests for volunteers to help professionals must be cleared by at least two members of the PEP Executive Board of Directors.

IV. Finances

1. All expenditures must be voted by a majority of the Board of Directors.
2. Volunteers will be asked to participate in one or two fund-raising events per year.
3. All PEP services offered directly to parents are free.

V. Use of the PEP Name

1. Use of PEP's name in any capacity must be approved by a majority vote of the Board of Directors.

VI. Changes in Policy Statements

1. Changes in the policy statements must be passed by a majority vote of the Board of Directors.

January 1979

SAMPLE LETTER REQUESTING FUNDS

Donations and Requests
Santa Barbara National Bank
P.O. Drawer JJ
Santa Barbara, Ca. 93102
attn. Catherine Horton

February 12, 1978

Dear Sirs:

PEP is a community service project created to meet the needs of new parents in today's society. Unlike the times when babies were born into an environment in which an extended family was available to provide support and assistance to parents, parents today often find themselves alone with tremendous responsibilities and pressures. In the worst instances these pressures can lead to child abuse, and, or, dissolved marriages. Even when parents remain well in control, the beginning of parenthood is often an unnecessarily difficult time. PEP hopes to ease that difficult time by providing a support system for parents, both through the use of a phone line, and discussion groups where new parents can meet, form friendships, and thereby fill the gap that the absence of extended family has left.

With a grant from the Educational Foundation of the American Association of University Women and the support for the printing of initial training guides and brochures from the Santa Barbara County Mental Health Department, PEP began its first year of operation July 1, 1977. As these non-renewable funds run out on July 1, 1978, PEP, a nonprofit, tax-exempt corporation, is currently seeking other sources of funding. Enclosed are copies of PEP's first two quarterly reports, a brochure explaining the services, and a copy of the proposed budget for the fiscal year July 1, 1978 through June 30, 1979.

We hope you will consider our request for funds and we will be happy to meet with you to discuss any aspect of our program.

Thank you,

Judy Edmondson
PEP Financial Officer

encl.

EXTERNAL EVALUATION OF PEP'S FIRST YEAR

The following is an evaluation of the Postpartum Education for Parents (PEP) project during its first eleven months since its inception on July 1, 1977.

The objectives of the PEP project can be divided into two areas. The goals of the first area are: (1) to assist the medical community at the para-professional level by decreasing the need for parents to call with non-medical concerns; and (2) to refer parents with special and/or medical concerns to professionals.

The second area is centered around easing the adjustment of the developing family immediately after the arrival of a baby. More specifically stated these objectives are:

(1) to increase the confidence of parents
(2) to establish a forum for parents to meet other parents
(3) to develop communications in the family unit and between people with similar problems.

To meet these objectives the PEP project has implemented a three part program. First is a "Warm Line" which parents with concerns may call on a 24 hour basis. Second is a visit to local childbirth classes to explain about PEP services and a follow-up phone call to the parents after they return home from the hospital with their baby. Third is the parent discussion group.

In evaluating the first area of PEP's objectives, to assist the medical community at the para-professional level, a questionnaire was sent out to all local obstetricians and pediatricians. Of the obstetricians responding most were aware of the PEP program but were uncertain about the effect PEP had on the type or number of calls they received. Several doctors commented that they thought the program was a good idea but needed more public awareness.

Among the pediatricians responding to our questionnaire sixty per cent often recommended PEP services to their new mothers. Of those recommending PEP, most thought that the parents reacted positively to the program. Some have noticed a decrease in telephone calls from anxious mothers. Half of the pediatricians said their parents occasionally make use of the Warm Line. Most were uncertain about their parents' participation in group discussion meetings. There seemed to be agreement among the pediatricians that PEP adequately differentiates between medical and emotional support and refers the former back to the doctors. One doctor added "The enthusiasm of the group in assisting parents has been of considerable benefit to a number of my patients."

The conclusions to be drawn from these two surveys are that of those doctors aware of PEP services, most felt PEP was doing a good job. However there are still some doctors unaware of PEP services who need to be told about the project and encouraged to refer their patients to PEP.

In evaluating the second area of PEP's concern, to ease the adjustment of the developing family immediately after the arrival of

the baby, a telephone poll was taken of parents who called the Warm Line or who received a postpartum home phone check. The response was overwhelmingly supportive of the PEP program. In both cases ninety per cent of the parents felt their conversation with the PEP volunteer was helpful and they felt more confident after their conversation. Many mentioned that they found the PEP group very supportive. Of those parents who called the Warm Line, ninety-two per cent said they would call again. In fact, several parents had already called the Warm Line more than once.

Further evaluation in this second area was done by having parents who participate in the PEP group discussions complete a questionnaire. For most of these parents, dealing with the reality of the new baby in their family and dealing with their own feelings presented the most challenge upon the infant's arrival. All of the parents answering the questionnaire responded that PEP was definitely helpful in these areas. According to the parents, the single most effective way PEP helped in these areas was by giving parents the opportunity to share their experiences with other parents, and to find out others feel the same way they do and experience the same kinds of things. This relates directly to the second and third objectives in the area of easing adjustment in the developing family. The parents also stressed that the discussion groups built up their confidence as parents through the encouragement and reinforcement they received in the groups. Again this was one of the objectives PEP hoped to meet.

From the results of the phone survey and the written questionnaire several recommendations for improving the PEP program became clear. In regards to the Warm Line, parents should be strongly encouraged to call in through exposure at the doctors' offices and periodic reminders about the line in the newspapers and if possible, in local television and radio public service announcements. As one hesitant caller commented, "They should encourage girls to call in because it really helps." Also encourage the PEP volunteers to get the parent caller to talk about other things besides answering the caller's immediate question. It seems many of the callers are not able to attend the discussion groups but still need the encouragement and reinforcement of talking to someone who has had similar experiences.

The recommendations for parent discussion groups would be to have some instructional time as well as the rap session. Several parents mentioned they would like to learn more about the development of the baby and the stages they go through. Other recommendations were to get more husbands/fathers involved and to have groups for parents with older children.

To complete the evaluation process a questionnaire was sent to all the PEP volunteers. The volunteers were asked to comment on the training session they attended and the PEP program in general.

The most helpful area of the training session was role playing. Also rated highly was discussing experiences with other trainees and sharing with the professionals. There were three main areas which the volunteers felt inadequately trained for: factual knowledge

about child development; not picking up on feelings or problems only hinted at by parents; and husband/wife relationships.

Upon evaluation their own interaction with parents on a scale of 1 to 10, the average score after training and experience for both those working on the Warm Line and those leading parent discussion groups was 8.

The volunteers felt that the PEP program was a gratifying experience watching the growth and change in new parents. With the support of the volunteers the parents were becoming more confident.

Most thought PEP was well organized with one person suggesting a newsletter for better communication.

One recommendation from the groups is to have more volunteers make the postpartum home phone checks in order to keep up their skills used on the Warm Line calls.

The follow-up training sessions were well liked. One recommendation for these sessions would be to put greater emphasis on the acquisition of factual knowledge by the volunteers and on the development of communication skills in recognizing the unvoiced concerns of parents. These seemed to be the two kinds of things wanted most by parents and the two areas for which volunteers felt inadequately trained.

In conclusion, the PEP project seems to have been enthusiastically received by the parents and professionals in the community. For the coming year the main emphasis of the project should be to increase the awareness of the professional community about PEP's services and to provide follow-up training for the volunteers in the afore-mentioned areas desired by volunteers and parents alike.

Respectfully submitted by,

Beverly Howe
Dr. Ralph Green

June 13, 1978

PEP TELEPHONE SCHEDULE

1. 8 AM - 2 PM
2. 2 PM - 8 PM
3. 8 PM - 8 AM

PEP
964-2009

July

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1.
						2.
						3.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.
1.	1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.	3.

PEP TELEPHONE TECHNIQUE

The Problem Call

Always be sensitive, sympathetic, accepting, and non-judgmental. Respect the parent's values, even if they don't agree with yours.

1. The caller may be upset. Try to put him/her at ease and make him/her relax. You can do this best by showing genuine concern, by being calm, not coming on too strong, and not rushing the parent. Use active listening techniques.

2. Recognize the parent's concern. Feed back to him what he is telling you. "I can understand that this must be upsetting you...."

3. Let the parent know that the problem is not unique. There is nothing wrong because he feels frantic, helpless, resentful, etc. and that many new parents have the same feelings and experiences. Let him know that he is okay. At the same time, be careful not to minimize the problem by saying, "Oh, everybody goes through that!" Be sure you let him know that you understand how he feels, that parent and baby are unique even though the problem is not.

4. There are three general steps to follow in helping a parent find solutions to a problem:

   a. Encourage the parent to express feelings and define the problem (active listening, feedback techniques).
   b. Encourage him to come up with his own solutions, i.e., what has been tried so far, what were the results, what are some other alternatives?
   c. Carefully suggest solutions yourself. Always try to give several alternatives and let the parents decide what is best. (Never tell a parent what to do, only suggest what the parent might like to try and do this carefully.)

5. A parent may find a problem hard to discuss. You may receive a call about the baby, but the problem may actually be something else, i.e., the mother's relationship with her husband. Be sure to listen for any clues and give feedback to encourage further discussion. ("Oh, your husband doesn't get home until 7:30.")

6. In a telephone situation you must rely solely on your listening ability to discover what is bothering a parent. You do not have the added body and facial messages to help you. Be especially aware of voice, tone, inflection, and speed of talking.

7. Be sure to call a parent back in a few days to make sure the problem is clearing up. The parent may be embarrassed to call you again.

8. It is okay to say "I don't know." You should never hesitate to research a problem (use volunteer guide or other material), to refer the problem, or to call someone else for additional consultation.

9. When dealing with a parent, be sure to pay attention to your own feelings and common sense. You can share your own problems and experiences. Be sure to send the message that "I'm just a parent too," and "I'm human and you're human."

The Informational Call

1. If a parent is asking for information about PEP services or other information, answer as best you can, or refer her to someone else. If there is a Special Circumstance, tell the parent that you will have the PEP volunteer call her, rather than leaving it up to the parent to make the second call.

2. A parent may ask for information only, but actually have a problem he/she is reluctant to express or is too embarrassed to mention. Be sure to listen for clues and give feedback to encourage discussion.

******* Be sure to keep a record of all calls made or received by filling out the PEP CALL SHEETS.

PEP CALL SUMMARY SHEET

VOLUNTEER'S NAME _____

DATE - TIME | PARENT'S NAME - BABY'S NAME + AGE | REASONS FOR CALL | INFORMATION - SUGGESTIONS

PHONE NUMBER

FOLLOW UP

PARENT DISCUSSION GROUP SUMMARY SHEET

DATE/TIME _____ PLACE _____ FACILITATOR _____

NAME OF PARENTS/BABY	ADDRESS	PHONE NUMBER	FOLLOW UP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

PARENT DISCUSSION GROUP SUMMARY SHEET

DATE/TIME _____ PLACE _____ AVERAGE OF BABIES _____

_____

Describe the following:

ATMOSPHERE TYPES OF PARTICIPANTS, QUESTIONS, CONCERNS, FEELINGS PROBLEMS AND SOLUTIONS

EVALUATION PLANS FOR NEXT MEETING

GUIDELINES FOR PEP CHILDBIRTH CLASS PRESENTATIONS

Visiting childbirth classes is an enjoyable, uncomplicated job and formal training is not necessary. To better help you feel comfortable with this job, you will first be given a chance to observe an experienced volunteer give such a presentation. Your second visit to a childbirth class will be your chance to give your own presentation. A volunteer will help you with developing it and will accompany you for this second visit. You may also find the following suggestions helpful.

1. If this is your first visit to a teacher's class, be sure to introduce yourself as a PEP volunteer. Ask where she would like you to sit or stand while talking to the class. If you are using posters, arrange them where all class members can see them.

2. It saves time to pass out PEP brochures to class members as they arrive (one brochure per couple).

3. Begin by introducing yourself as a PEP volunteer. If you wish, you may give some information about yourself, such as the number and ages of your children, so as to facilitate the class members' identification with you as another parent.

   Give some background information about PEP:

   > PEP is a relatively new community service which began last July. Our purpose is to offer emotional support and sharing of ideas to all new parents in the Santa Barbara area.
   >
   > PEP was founded by a group of women who belong to the American Association of University Women in Goleta. They met in a child study group where they talked about their children and experiences as parents. They found during their discussions that they all had experienced similar kinds of feelings, concerns, and problems with their new babies and in relation to their new roles as parents. They also found it reassuring and exciting to share these ideas with one another and decided it would be worthwhile if this kind of sharing could be made available to all new parents.
   >
   > Thus, after a lot of planning and organization and working with community professionals, these women founded PEP.

   Give information about PEP's services:

   a. Warm line: PEP has a 24-hour phone service that is staffed by trained PEP volunteers who are parents. We encourage parents to call about any question or concern they may have. This number is also available to anyone wishing further information about PEP or about our new-parent discussion groups. We call this service a "warm line" as opposed to a "hotline" because we are concerned with normal parents and their everyday questions or problems. We will always

refer medical questions to your doctor.

b. New-parent discussion groups: This is PEP's most popular service. Our groups are all made up of new parents (MOTHER and FATHER, Single Parents, and Adoptive Parents) and their babies. They meet to share their common experiences, feelings and concerns. Our discussions are very informal and focus on whatever the parents themselves wish to talk about. Most of our groups meet in the morning every two or three weeks, but we also have evening groups where fathers and working mothers can be included. We begin new groups about every six weeks.

c. Special circumstances: If you should happen to have a special situation involving your delivery or baby, such as cesarean birth, premature baby, parent-infant separation, or belated parenthood, we have PEP volunteers who have had these experiences and who are available to anyone who feels they would like to talk with someone who has already been through it.

4. If the class is large, it might be a good idea to begin passing the Childbirth Class Summary Sheet before you begin your presentation. Attach the sheets to a clipboard that also has a pen or pencil attached.

   Explain the purpose of the sheet:

   a. Tell them what information is asked for on the sheet.

   b. It gives PEP a statistical record of how many people we have contacted personally about PEP.

   c. A week or so after each mother has delivered, you or another PEP volunteer will give her a personal phone call to see how she is doing and if there is anything we can do for her. We will also offer at this time an invitation to join one of our PEP new-parent discussion groups.

   d. Assure them that if they don't wish to sign, they should not feel obligated to do so.

   If the class is small, you may wait until after your presentation to pass the summary sheet.

5. Ask for any questions (but don't be surprised if there aren't any). As you leave, be sure to thank the teacher and class members for their time. Wish them good luck with their births and babies.

6. Remember that you are the first personal contact these new parents will have with PEP. If they are impressed with your sincere concern for them and their babies, they will be more likely to call PEP.

7. After class visitations, please call the Childbirth Class

Coordinator and let her know the number of persons who signed your summary sheet. If you do not wish to do the postpartum calls yourself, also be sure that she receives the summary sheet.

GUIDELINES FOR PEP POSTPARTUM TELEPHONE CALLS

To date, experience has indicated that the most effective method of connecting with new parents is to visit childbirth classes, collect expectant parents' names and phone numbers and call them after their baby is born. Calling new parents after birth is very much like talking to them on a warm line call. Therefore, no further formal training is necessary. However, you may find the following information helpful.

Objectives

1. To enable PEP to establish a more personal contact with the parent.
2. To follow-up the Childbirth Class visitation by showing we are genuinely interested in the new parents' welfare.
3. To offer the opportunity for new parents to discuss their childbirth and new-parent experiences and to ask questions without having to make that first call to the "warm line" themselves.
4. To offer support to new parents.
5. To invite new parents to join PEP discussion groups and to give current information about groups that are open or beginning soon.

When to Call

1. Watch newspaper for birth announcements and record information in the appropriate places on the Postpartum Call Sheet.
2. PEP suggests making postpartum calls between 5 and 10 days after delivery. Calling at five days may allow you to offer immediate support for such concerns as breastfeeding or such problems as re-hospitalization and jaundice. However, by 10 days, new parents are generally left alone with their new baby and begin the realization of total dependency and constant demand.
3. If at all possible, postpartum calls should be made before the baby is two weeks old.
4. When making calls, always consider whether the time might be a convenient one for the new parent. Late morning or early afternoon have been found to be successful times to call. Late afternoon or evening should be avoided. If you must make evening calls, be sure they are early in the evening.
5. Make your calls when you are relaxed and free from outside interruptions. Don't make calls if you are rushed or having a bad day. You are calling to give the parents support and let them know of our genuine concern. Do Not go into your own problems.
6. If a parent on your list is two weeks overdue, you may have missed the birth announcement. You can check this by calling the childbirth teacher or the parents themselves.

Initiating the Call

1. Introduce yourself and indicate that you are a PEP volunteer. Ask if they recall the volunteer who visited their childbirth class. Be sure to use the parent's first name.

2. Say that you saw the birth announcement in the paper and offer your congratulations!

3. Parents will most likely be grateful that you called. Remember, you are calling them because they signed a sheet at their childbirth classes asking you to call them.

Effective Questions

1. Your objective is to get the parent talking about herself/himself and their baby and experiences so that you can offer support. Some parents will be quite open and verbal and carry the conversation themselves. Others will respond only when they sense your genuine concern and understanding of what they are experiencing. Effective questioning is critical!

2. Show interest in the parent right away by asking "How are you? How are you feeling? How are you getting along?"

3. Gather information: "Is this your first baby? What's the baby's name?"

4. Questions you may ask to stimulate conversation:

   About the parent: "Are you managing to get enough rest?"
   "Do you have someone to help you?"
   "How was your labor and delivery?"
   "Are you breastfeeding or bottle feeding?"
   "How is your husband doing? Is he able to help?"
   "Have you experienced any depression?"

   About the baby: "How is the baby eating, sleeping?"
   "Does the baby have any fussy periods?"

   *Always remember to be aware of the feelings being expressed by the parent as you are problem-solving. Handle these discussions as you would a problem call.

5. Any questions or concerns will usually come up during the course of the conversation, but as the call is ending you might want to ask, "Do you have any other questions or concerns we haven't talked about?"

Invitation to Join PEP Group

1. As the conversation draws to a close, extend to the parent an invitation to join a parent discussion group.

2. Be sure you have up-to-date information on which groups are open and what groups will be forming in the near future.

3. You may want to talk about the purpose of our groups, who comes to them, and what kinds of things we talk about.

4. Many new parents are feeling too overwhelmed at two weeks postpartum to consider coming to a group. Be sure to ask if they would prefer being notified about groups in a few weeks when they are feeling more rested and organized.

5. Some parents will have their own support system, such as friends or family in the area and may not need or be interested in PEP groups.

Ending the Conversation

1. Calls may vary in length from a few minutes to an hour. When you feel the parent is through talking or needs to attend to something else, then terminate the call.

2. Remind them about the warm line and be sure they have the number. If you wish, you may give a parent your own number if you feel this would make the invitation to call more personal or if you feel they might be reluctant to call the warm line. Do not give your own number unless you wish to do so.

Non-Responding Parent

1. You may call a parent who is shy or reluctant to talk, who will usually give only "yes" or "no" answers to your questions. These parents may be the ones who need our support the most. Don't give up too easily.

2. Many new parents are doing well with their new baby and adjusting well to their new role and will not need your support. If you feel this is the case, do not push yourself or PEP.

3. You may talk with a parent who is not interested or resents your intrusion. In that case, say "Remember that PEP is always available. Have a good day. Good-bye." Do not be defensive or rude. We want to keep the door open.

Follow-up Calls

1. Many postpartum check calls become similar to problem calls. Often you may find a parent to have a definite problem or concern that remains unsolved during your conversation. In this case, you can show your genuine concern by calling back to see if the problem has been taken care of or if you can offer further support.

2. If, during a call, you feel that the new parent would benefit by a home visit from you, please feel free to do so. This decision is a personal one.

3. If you feel that a parent needs additional help, discuss the problem with a PEP co-ordinator or advisor and make the appropriate referral.

CHILDBIRTH EDUCATION CLASS INFORMATION and POSTPARTUM CHECK SHEET

SPEAKER _____ FOLLOW UP BY _____

DATE - TIME _____ PLACE _____ TEACHER _____

DUE DATE	NAME OF PARENTS	ADDRESS	PHONE NUMBER	DATE DELIVERED	BABY'S NAME
1.					
2.					
3.					
4.					
5.					

POSTPARTUM EDUCATION FOR PARENTS (PEP)
VOLUNTEER APPLICATION

Name _____ Spouse _____

Address _____ Phone _____

Age and Sex of Children _____

If necessary, use the back of this form to complete your answers.

1. Why do you want to be a volunteer for PEP?

2. What do you feel you could contribute? What are some of your strengths and weaknesses?

3. What do you expect to gain from being a volunteer?

4. Briefly describe your feelings during the first 6 weeks of parenthood.

5. Do you feel that parenthood has been a learning experience for you? How and why has it helped you to grow?

6. What is the best approach to parenting? What do prospective parents most need to know?

Are you willing to make a commitment as a volunteer for 1 year?

Please return this application by April 25th to:

Jane Honikman	or	Judy Mrstik
927 N. Kellogg		841 De la Guerra Terrace
S.B. 93111		S.B. 93103

PEP VOLUNTEER INFORMATION SHEET

PEP Offers the following services free of charge to all interested parents in the community:

Warm Line - 24 hours, 7 days a week

Parent Discussion Groups

Childbirth Preparation Class Speakers

Postpartum Telephone Calls

Special Circumstances Facilitators

Home Support

Volunteers are recruited, screened, interviewed, and trained to provide the above services. All volunteers are expected to serve as Warm Line phone volunteers and to make Postpartum Telephone Calls to new parents after the birth of their baby. They may perform other duties on the Board of Directors or in positions of other services as interested and trained.

Warm Line phone volunteers are asked to make the following commitment:

One year of service which includes:

Initial training
No more than 6 phone shifts per month
No more than 1 follow-up training meeting per month
No more than 1 list of postpartum calls in any 2 month period (one list averages 8-10 calls)

When on duty, Warm Line phone volunteers will:

Call in to the Answering Service at the beginning of each shift.

May leave as necessary during the shift, but must Notify phone service of expected length of absence or Leave number where volunteer can be reached.

Upon returning, Call in to phone service or Find another volunteer to cover in absence.

STRICT CONFIDENTIALITY IS ADHERED TO AT ALL TIMES.

PEP does not endorse or make recommendations of doctors, nurses, hospitals, dentists, lawyers, or other professionals or agencies.

9/1/78

Postpartum Education for Parents PEP

AAUW Goleta Valley Branch

SAMPLE LETTER INTRODUCING PEP'S SERVICES

To: All persons interested in young families.

We would like to inform you about a new community service organization which has been operating in Santa Barbara since July 1, 1977 called Postpartum Education for Parents, or PEP. The purpose of PEP is to ease the adjustment of the developing family by offering emotional support to parents immediately after the arrival of a baby. We encourage the sharing of ideas among parents through the first year of their baby's life, and promote the referral to appropriate professionals when necessary.

We would like to emphasize that PEP is for all parents. We welcome those who would like to meet with other parents to share feelings, ideas, and concerns, as well as those who find themselves in need of immediate support or problem-solving. We would very much appreciate your cooperation in referring to PEP anyone whom you feel may benefit from our services.

If you have any questions, or would like additional brochures, or a PEP poster, please contact me at 964-7066. We also have a Speakers' Bureau for those groups interested in a more formal presentation about PEP. Our 24-hour, 7-day-a-week answering service for both informational and support calls is 964-2009.

Thank you very much for your cooperation.

Julie Armstrong, PEP Publicity Coordinator
5222 Rhoads Avenue
Santa Barbara, California 93111
(805) 964-7066

SAMPLE NEWSPAPER ARTICLES

'Warm line' service for new parents will start July 1

Whom do you call when your new baby isn't sick, but just won't stop crying?

Starting July 1, nonjudgmental support and advice will be available by phone with the inauguration of a "warm line," to be staffed around the clock by volunteer parents.

The Goleta Valley American Association of University Women just received a public service project grant from the national AAUW Education Foundation to start the telephone service which will supply friendly reassurance about everyday concerns of new parents.

"Childbirth is really the beginning, not the end of a process," said Jane Honikman, one of the group's chairmen. "Most parents are well prepared for birth itself, but are uncertain and confused at the changes in their lives when they get home with the new baby."

"We hope to offer the emotional support and basic child care advice that young parents need but few professionals have the time to give," said the cochairman, Judy Mrstik. "We are not giving advice on medical matters, but providing a sympathetic ear for everyday frustrations."

The program, called Postpartum Education for Parents (PEP), eventually will expand to parent discussion groups for the sharing of parenting experiences, both in normal and special circumstances.

Local agencies, such as Childbirth Educators of Santa Barbara, Santa Barbara Pediatric Society and Santa Barbara Mental Health Service, have expressed enthusiasm for PEP's approach to giving appropriate help before problems develop, calling PEP an important link in the continuum of health care. A local obstetrician considers this counseling service for new parents an important step towards establishing a better home environment for babies born here.

Experienced parent volunteers will be screened by a panel of professionals and given a short training course.

Funding is sought for Postpartum Education

Postpartum Education for Parents (PEP), an organization offering emotional support and sharing of ideas to all new parents in the Santa Barbara area, is seeking funding for its second year of operation.

Those who wish to contribute may make out checks to Postpartum Education for Parents and mail them to 1421 Manitou Road, Santa Barbara 93105. Donations are tax deductible in the state of California.

PEP's free services include a 24-hour Warm Line telephone service, 964-2009, and new-parent discussion groups. Funds received will help maintain the phone service and pay for printing and mailing costs.

The organization is currently expanding to include a bilingual program for the Spanish-speaking community in Santa Barbara and to provide services to the new parents in the Santa Ynez Valley.

Postpartum Education volunteers are sought

Postpartum Education for Parents, an organization offering emotional support and sharing of ideas to new parents in the Santa Barbara area, is now accepting applications from prospective volunteers.

Volunteer requirements include being a parent and wanting to help ease the adjustment parents may have when they bring a newborn baby home from the hospital.

After an initial interview, volunteers will be given training to answer the questions most commonly asked by parents and to act as objective non-judgmental listeners. They then will serve as telephone volunteers answering PEP's 24-hour warm line, 964-2009.

Volunteers may also receive further training to offer support by leading discussion groups for new parents, making telephone calls to parents after their baby is delivered, or to serve in PEP's speakers' bureau, explaining the program's goals and services to community groups and childbirth classes.

PEP currently has 22 trained volunteers, including two fathers, adoptive parents, mothers who have had cesarean and premature births and bilingual parents.

Parents interested in becoming PEP volunteers may obtain applications and further information by calling Judy Mrstik at 962-9728.

PEP is a community service project of the Goleta Valley Branch of the American Association of University Women.

'Onset of Parenthood' discussion is slated

"The Onset of Parenthood" will be the topic of the first of a series of monthly discussion groups for new parents with infants up to six months of age.

The topic will be discussed at a meeting scheduled at 7:30 p.m. Wednesday. Reservations and information about location may be obtained by calling Gail Knight, 964-1330.

A second meeting on the subject is scheduled at 10 a.m. Aug. 14. Information about that meeting may be obtained from Julie Armstrong, 964-7066.

The discussion groups comprise the second phase of Postpartum Education for Parents, a project of the Goleta Valley Branch of the American Association of University Women.

Led by trained volunteers, they are designed to explore the emotional, psychological and physical aspects of being a parent, with a specific topic to be selected each month. The purpose of the series is to provide parents with infants a time and place to meet and share the positive and negative aspects of parenthood.

The branch started its project July 1 with the introduction of a warm line telephone answering service.

The warm line number, 964-2009, may be called anytime day or night, and a trained parent volunteer will be available to give comfort or advice or make a referral on any nonmedical query from a new parent.

PEP babysitting unit established

Postpartum Education for Parents (PEP) has established a babysitting cooperative for parents using its services.

The first meeting will be at 10 a.m. at the home of Tracy Spano, where rules will be discussed.

Free membership in the coop is open to all parents who have attended at least one PEP discussion group meeting. Non-members may use the service for a nominal fee.

Those interested in attending the meeting may call 968-4831.

PEP sponsoring infant care class

"Baby Basics," an infant care class sponsored by Postpartum Education for Parents, will be offered for new and expectant parents Saturday at Goleta Valley Community Hospital.

Scheduled from 8:45 a.m.-noon in the hospital's basement classroom, the program was developed by PEP directors in response to frequent requests from new parents in the community.

Instructors will be Dana Clark and Maryjeane Reynales. Both registered nurses and mothers of young children, they have taught similar classes in other communities.

Ms. Clark and Ms. Reynales will discuss activities and decisions which should be completed before the baby's arrival, and they will demonstrate ways of caring for the newborn. Bathing, diapering and dressing will be shown with four-month-old Gina Reynales as a model.

The film, "Are You Ready for the Postpartum Experience?" will be screened and discussed.

Those who would like to attend the class or wish further information may call Nan McCauley at 964-9117. There is a minimal fee.

PEP also offers new-parent discussion groups and a 24-hour Warm Line (964-2009), which may be called for help or information.

Postpartum Education Sale to be April 29

A rummage sale sponsored by Postpartum Education for Parents will be from 9:30 to 3:00 on April 29 at Catheral Oaks School.

The sale will offer infant's and children's toys and clothing. Proceeds will help maintain PEP's telephone service and other operating expenses.

PEP's free services include a 24-hour warm line telephone service (964-2009) where volunteers are available to give comfort or help with non-medical questions, and new-parent discussion groups where parents and infants can meet and share similar parental experiences, learn possible solutions to problems, and derive support from one another.

PEP is an outgrowth of the child study interest group of the Goleta Valley Branch of the American Association of University Women and has been operating on a public service project grant from the AAUW Educational Foundation.

The organization is a non-profit, tax-exempt corporation in the

State of California. Its directors are currently seeking federal tax-exempt status.

Toys and clothing donated for the rummage sale may be dropped off at 1421 Manitou Road or at 927 N. Kellogg Ave., Goleta. Arrangements for pick-up may be made by calling 966-5785.

SAMPLE POSTERS

Postpartum Education for Parents

964-2009

Emotional Support and Sharing Ideas

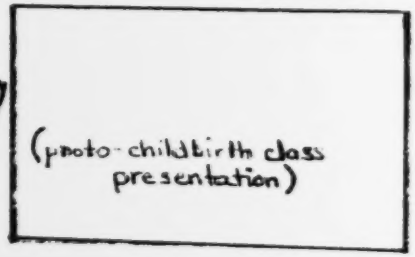
for PARENTS
by PARENTS

PEP's Free Services:

- 24-hour warm line
- New-parent discussion groups

POSTPARTUM EDUCATION for PARENTS

PEP 964-2009



Emotional Support

for Parents by Parents

- 24-hour Warm Line
- New-Parent Discussion Groups